

1950



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COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

OF THE

Public Health Department

FOR YEAR 1950.

JAMES GRANT, M.D., Ch.B., D.P.H.
(GLASGOW)

MEDICAL OFFICER OF HEALTH.

W. A. MEARS, CHIEF SANITARY INSPECTOR.



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LIST OF STAFF.

1. STAFF OF LOCAL AUTHORITY.

‡Medical Officer of Health, School Medical Officer and Medical Superintendent, Sheriff Hill Infectious Diseases Hospital—JAMES GRANT, M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health and Senior Medical Officer (Maternity and Child Welfare)—MARGARET B. HERBST, M.D., B.S., B.Hy., D.P.H.

Senior Assistant School Medical Officer and Assistant Medical Officer of Health—IRIS M. PRATT, M.B., B.S., B.Hy., D.P.H.

Assistant Medical Officers of Health and Assistant School Medical Officers—JOHN ARDLEY, M.B., B.S., D.P.H., DESMOND A. SMYTH, M.B., B.S., D.P.H., HELEN M. GILTHORPE, B.M., B.Ch., D.C.H. (commenced 16.1.50, resigned 17.5.50), LORNA M. MCLEOD, M.B., B.S., D.P.H. (commenced 2.10.50).

Senior Dental Officer : JOSEPH WHITEHOUSE, L.D.S. (commenced 1.5.50). Assistant Dental Officers: DONALD SKINNER, L.D.S., HENRY J. COOMBES, L.D.S.

Dental Attendants : DOREEN RIDDLE, BRENDA SINTON, ETHEL M. CESSFORD, JEAN C. BARTON (commenced 12.9.50).

Dental Technicians : THOMAS W. CURTIS, JOSHUA GILHOLME, STANLEY M. COLE (apprentice).

Physiotherapist : FLORENCE BETTY CLAYTON, M.C.S.P. (resigned 31.3.50).

Orthoptist : SHIRLEY S. MILLS, D.B.O.

Health Visitors and School Nurses : C. ROBSON (Supt.), I. ROUSE, E. MCHUGH, M. DAGLISH, D. C. JOHNSON, I. BRADLEY, E. WISE, M. CRAGGS, E. POWLEY, J. TURNBULL, S. W. ATKINSON, M. MOFFITT, A. MULLEN, E. WILLOUGHBY, H. MCKENNA, E. SINCLAIR (commenced 7.3.50), S. GILLEY (commenced 13.2.50).

Student Health Visitors (under training) : K. O'DONNELL, S. G. GALLAGHER, E. R. TURNER (all commenced 1.9.50).

Open Air School Nurse—E. M. MAPLE.

Nursing Auxiliaries—M. COATES, W. CRAIG, B. GIBSON.

Tuberculosis Nurses—E. FRY, J. HEATLEY.

Non-Medical Supervisor of Midwives—M. BOLAM.

Municipal Midwives—D. BELL, E. BENDIN, W. MAY, A. FALDON, L. OTTAWAY, S. POOLE, S. STEWART, M. DOBSON, L. WELSH, E. DOUGLAS, B. MENHAMS, E. TORRINGTON

Matrons of Day Nurseries : E. LLEWELLYN (resigned Aug. 1950), E. SMITH, S. DAVISON, L. DONNELLY, I. JACKSON.

Supervisor of Domestic Helps : Mrs. D. GROSE, *Assistant Supervisor* : Mrs. B. J. ANDERSON.

Authorised Officers—Mental Welfare—F. ASKEW (Senior), C. MITCHELL, A. GRAHAM, Miss A. OGDEN.

Clerical Staff : N. CRAIG, J. G. R. WEIGHELL (resigned 31.12.50), R. A. SUTTON, T. MIDDLEMAST, Miss P. NEILSON, Miss M. MACRAE, Miss E. JONES, Miss E. I. BRANFOOT, Miss M. ATKINSON, Mrs. M. WATSON, Miss A. LORIMER, Miss E. BROWN, Miss B. WALL, Mrs. M. SURTEES, Miss N. SCOTT, Mrs. H. SCOTT.

Ambulance Officer—W. BARBER.

Deputy Ambulance Officer—J. NESBIT.

Caretaker Health Centre—E. LITTLEHALES.

‡ continuing to serve part-time the local hospital services.

2. STAFF OF SANITARY DEPARTMENT.

Chief Sanitary Inspector and Inspector for Diseases of Animals—W. A. MEARS.†‡

Deputy Chief Sanitary Inspector—J. P. LAVENDER.†‡

Food and Drugs Inspector—G. CHARLTON.†‡

Housing Inspector—G. T. NEILSON.†‡

District Sanitary Inspectors—J. HIGGINS†‡ (Food Premises), P. MCKENNA†‡ W. GOODCHILD,†‡ O. BURNS†‡, T. J. WESTGARTH†‡, W. F. WILKINSON†‡, A. GILPIN,†‡ R. W. THIRKELL†‡

‡ Sanitary Inspectors' Certificate, R.S.I. † Meat and Food Inspectors' Certificate, R.S.I.

Public Analyst—W. GORDON CAREY, F.I.C.

Clerical Staff—M. GRAY, H. GIBSON, N. ROBINSON, MISS E. MARLEY.

Rodent Operators :—H. FOSTER (Senior), I. RUTTER, F. A. BELL (commenced 6.1.50).

Disinfector—J. FREEMAN.

3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD.

Clinical Tuberculosis Officer (Chest Physician) and Medical Superintendent, Whinney House Hospital—S. D. ROWLANDS, M.D., B.S., B.HY., D.P.H.

4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS.

Ophthalmic Surgeon—H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P.

Orthopaedic Surgeon : JOHN K. STANGER, M.B., B.S., F.R.C.S. (until Feb. 1950), ALAN E. BREMNER, M.B. CH.B., F.R.C.S. (commenced 17.5.50).

Dermatologist : T. PARKIN, M.B., CH.B., M.R.C.P. (commenced 30.9.50).

Remedial Gymnast : T. D. MIDGELEY, M.A.R.G. (commenced 23.11.50).

Clerk—Chest Clinic—B. ARMATAGE.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF GATESHEAD.

I have the honour respectfully to present the 69th annual report of the medical officer of health. As this refers to the year 1950, it seems appropriate also to take stock and assess from the view-point of public health some of the changes that have taken place in Gateshead, the little town that grew to be a large industrial borough within the last century and a half. Before this time, the scanty factual information about Gateshead forms part of the history of Newcastle in which city Gateshead was virtually absorbed until late in the 18th century. From the year 1234, Newcastle and Gateshead were regularly visited by plague twice or thrice each century, the epidemics of 1345 (the Black Death), 1579 (2,000 deaths), 1589 (1,727 deaths), and 1636 (5,037 deaths), being the most devastating, but an outbreak in 1665 coincided with the great plague of London. The year 1317 was also a time of great famine and of mortality so grievous that the dead could not be buried, but the nature of the disease is obscure. In 1642 and 1645, the aftermath of plague was met by collections for the sick poor, who were put out to live in huts on Bensham Common. In 1551, there was an epidemic

STATISTICAL DATA OF GATESHEAD.

	1801	1841	1871	1886	1901	1925	1950
Population ...	8,597	20,223	48,177	76,449	109,891	129,000	115,500
Inhabited houses ...	1,037	3,423		11,031	13,736	26,317	32,548
Persons per house ...	8.3	5.8		6.9	8.0	4.9	3.5
Rateable Value ...		£39,693	£134,166	£223,951	£359,560	£503,091	£617,781
Rate per pound ...		4/1	6/1	5/10	6/1	13/8	20/-
Births ...		624	2,058	2,834	4,063	3,152	2,117
Birth rate per 1,000 ...		30.9	42.7	37.0	36.7	24.4	18.3
Deaths ...	339*	556	1,529	1,437	2,413	1,810	1,458
Death rate per 1,000 ...	39	29.4	31.7	18.7	21.8	14.0	12.6
Infant deaths ...			468	453	799	341	101
Infant mortality per 1,000 births ...			227	160	196	108	48
Deaths from Infectious Diseases—							
Scarlet Fever ...		50†	37	13	16	6	0
Diphtheria ...			5	4	17	5	0
Measles ...		54†	57	16	88	73	0
Whooping Cough ...		5†	43	20	47	49	2
Smallpox ...		14†	247	0	0	0	0
Typhus Fever ...				1	0	0	0
Enteric and continued Fever ...		33†	29	17	61	1	0
Diarrhoea of children			57	132	281	44	17
Epidemic Diseases Death Rate per 1,000			9.85	2.7	4.2	1.37	0.17
Deaths from—							
Pneumonia ...		52†		221	134	196	57
Cancer ...		5†		50	73	135	224
Tuberculosis ...		135†	172	137	290	209	75
Childbirth ...		13†	6	9	51	23	0

* Burials in St. Mary's Churchyard.

† These figures refer to deaths in the population of the Gateshead Union, which was in 1841—38,965.

of the "English Sweat", and in 1675, the "Jolly Rant" caused 924 deaths, these two names being aliases of epidemic influenza. In 1785, smallpox caused the deaths of 300 children, but the great pestilences were thereafter absent until the first cholera outbreak of 1831.

From 1801, the year of the first census, the story of the health of Gateshead gradually becomes clear. It falls naturally into three phases, 1801—1850, the age of anarchy, 1850—1900, the beginning of sanitation, and 1900—1950, the period of achievement. To contrast the matters of life and death during these epochs in the development of Gateshead, the accompanying table of available statistical data has been compiled.

The Age of Anarchy, 1801—1850.

In 1801, Gateshead was a parish and a borough with 8,597 inhabitants, more than half of whom lived on the steep southern bank of the River Tyne in the vicinity of the bridge connecting Gateshead with Newcastle. There were altogether 1,037 houses in the parish. Ten years later the population had expanded to the number of 8,782 persons living in 1,201 houses. This increase of the population by 185 represents a natural increase of only 19 per annum, a fact suggestive of a death rate almost as high as the birth-rate. The area of the parish was considered to be 3,320 acres, which were increased in 1832 to 3,500 acres by the inclusion of part of the parish of Heworth to make a parliamentary borough. After the Napoleonic wars, the general expansion of international trade, the development of the heavy metal industries and engineering, coupled with the laying down of railways led to a progressive expansion of the town by immigration, so that by 1851, the census enumerated 3,380 houses, which were inhabited by the 5,263 families of a population of 25,570.

In 1801, the Borough of Gateshead consisted of crowded and congested narrow streets adjoining the southern end of the Tyne Bridge, which was then situated where the Swing Bridge is today. From this bridge, Bridge Street gave access to the steep Bottle Bank, and thence to the High Street and the Durham Road section of the Great North Road. At the junction of Bridge Street and Bottle Bank, Church Street passed eastwards close to St. Mary's Church to rejoin High Street above Bottle Bank, so enclosing the "Island". At this level, another road, Half-Moon Lane (the present Mulgrave Terrace and Bensham Road) passed westwards and near its origin Half-Moon Lane was also connected with Bridge Street by Mirk Lane and a narrow flight of stairs. Parallel to the river at the Bridge ran two narrow streets, Pipewellgate to the west and Hillgate to the east. From the end of the Hillgate, Oakwellgate ran east of and parallel to High Street, to join it by a narrow alley or chare. Higher still another street, East Street, ran parallel to High Street to which it was joined by Nun's Lane. Along the narrow streets were crowded the tenemented rubble and brick houses, arranged back to back in alleys and courts with narrow passages opening on the highway. Deprived of ventilation by their construction, and of sunlight by their site, these houses were manifestly unfit for human habitation, and smoke from the factories added to the difficulties. There was no drainage either of surface or domestic waste water, although there was a short length of sewer between the lower end of High Street and the river. Drinking

water was largely obtained from wells on the south bank of the river, and water for washing was obtained direct from the Tyne until 1835, when a public water company began slowly to organise a piped water supply, which was at first intermittent. Sanitation depended on a hopelessly inadequate number of privies and ashpits, which were emptied at very rare intervals, and were commonly overflowing. In the Pipewellgate and Hillgate areas, the waste matters constantly exuded over the surface of the unpaved streets and alleys to be trodden into the earth or washed by the rain into the Tyne. To add to the difficulties of life, the congested districts suffered the presence of a number of slaughterhouses along with a fell-mongery and several triperies. With the immigration of workers and their families development proceeded by the erection of more courts and alleys lined by houses along the eastern side of High Street, so as to reach Nuns Lane by 1831. Somewhat south of East Street two reservoirs apparently supplied some of the houses with water, but whence the water was gathered is somewhat obscure.

After 1840, further housing development covered the Barn Close area adjoining the Half-Moon Lane, where large tenemented houses with cellars were built on quarry land, without any provision for surface or faecal drainage, and often actually over the privies and middens, whence the effluvia penetrated the houses above.

Apart from this congested area near the Tyne Bridge, the rest of the Borough consisted of farmland and pastures with scattered cottages, which were aggregated into rudimentary villages at Sheriff Hill, Blue Quarries, Low Fell and at Wrekenton. The row of houses making up the village of Wrekenton, where the Durham Road left the Borough, was continuous with the village of Eighton Banks outside the Borough. The inhabitants of Wrekenton, Blue Quarries and Sheriff Hill were miners employed in the local pits, but otherwise the inhabitants of Gateshead were mainly engaged in the riverside industries, the oldest of which were potteries, glass works and iron works. As the industrialisation proceeded, the iron and glass works were expanded, and chemical works were opened close to the river. The railway from Carlisle reached the south bank of the River Tyne at Redheugh in 1836. By 1844 there was rail communication with Darlington and the south, and in 1849 the High Level Bridge was erected to join up the line with Newcastle and the north. The construction of this bridge disturbed much of the old property lying between the foot of High Street and Mirk Lane. In 1800, a journey from London to Newcastle took 42 hours by coach, and by 1850 the journey took $12\frac{1}{2}$ hours by train.

The people of the area depended on candles for their lighting until a gasworks was built at the western side of Pipewellgate in 1831. Some public lighting was introduced in 1840. Food was costly, white bread being 2/-d. a loaf, tea 5/-d. a pound and sugar 6d. a pound.

Poor Relief was the function of the parish and government of the Borough the province of the Borough Holders until 1821, when a select vestry, the "ancient four and twenty", under the Rector of the parish, were given some rudimentary powers. In 1834, the Poor-Law Amendment Act of the Reformed Parliament brought about the Union of Gateshead and adjoining

parishes under the Board of Guardians, who in 1841 built a workhouse in rural surroundings near the northern end of what is now Coatsworth Road. In 1836, the Municipal Corporations Act of 1835 led to the election of a Borough Council, a body which only began to function as a local Board of Health in 1851.

The assessment of health in the early half of the nineteenth century is difficult because the registration of births and deaths was first commenced in 1838. The gross insanitation that prevailed led to a sharp outbreak of cholera, which began in Pipewellgate on Christmas Eve, 1831, and continued for some weeks, causing the sudden and painful death of 234 persons, who were buried in St. Edmund's Churchyard and commemorated in a monument. This dreadful episode led to the foundation of the Gateshead Dispensary in 1832 to provide medical care for the sick poor, a function which continued for many years by arrangement with the Guardians. From the records of the dispensary it is clear that smallpox, typhus and scarlet fever, measles and whooping cough were seldom absent from the town, producing considerable mortality including the deaths of two dispensary doctors. Dr. Reid, one of the Health of Towns Commissioners reported unfavourably on the town in 1843.

The advent of registration of deaths in 1838 revealed 472 births against 496 deaths. Subsequently the figures usually showed a small excess of births over deaths in most years. After 1841, the death rate varied between 22·3 and 38 per 1,000, the last figure being that of 1848. Yet in spite of this very small natural increase, the population after 1845 increased rapidly from 20,000 to 24,000 in 3 years due to the immigration of Irish peasants fleeing the famine. These refugees were mainly housed in the lodging houses and tenemented houses of the congested districts of Pipewellgate, Hillgate, the Island and Leonard's Court off High Street. To the diseases that were common in these districts, the immigrants added typhus fever which raged in an epidemic in 1847, 1848 and 1849, causing the Guardians finally to open a hospital at Eighton Banks for the typhus cases. The staff of this hospital all developed typhus and, among others, the physician, Dr. Davis, and the governor's wife, died of the disease. Worse was still to come for, after a wave of influenza, cholera broke out in Pipewellgate in the spring of 1849, and spread in the autumn to Wrekenton, killing one-seventh of the people of the village, and altogether causing 186 deaths from cholera in the Borough in 1849. The General Board of Health established under the Public Health Act of 1848 was petitioned by the Borough Council to inquire into the health of Gateshead and apply the Public Health Act to the town. Mr. Rawlinson conducted the enquiry and his report of 1850 is the basis for most of the facts already recounted. It was brought out that there was no survey map of the town. The rates were 4/4d. in the £ in 1849 and 2/9d. of this was for poor relief. The houses, besides being of faulty construction and devoid of drainage, were damp and offensive. Cellar kitchens were being built and let for habitation. In many of the houses, the excreta of the inmates was received in tubs or other receptacles, the contents of which were dumped anywhere convenient. In some parts of the town there were no privies and in others 20 families might share one such necessity. Single rooms were often let to families. There were 26 lodging houses under police supervision, many



Pipewellgate Clearance Area, 1935

of them hovels and crowded to the extent of 14 persons, men, women and children to each room. Rawlinson advised the extension of the water supply and of public lighting, the sewerage and drainage of the district, the closure of St. Mary's Churchyard, and finally the application of the Public Health Act of 1848, so that the Council as the local Board of Health might remove the evils which existed and improve the sewerage, drainage, cleansing and lighting of the Borough.

It must not be thought that in respect of the matters just described the town of Gateshead was unique, for most of the new industrial towns presented similar conditions, and even the capital cities of London and Edinburgh were little different. But the presages of great changes were already apparent. The very pressure of the new industrialisation achieved its representation in parliament. Popular philosophy followed the utilitarian thesis of Jeremy Bentham and sought to express the ideal of "the greatest good for the greatest number". To two disciples of Bentham, directly in line with the Methodist revival, the country is indebted for the preaching of the gospel of the "sanitary idea". These two, Chadwick, the civil servant, and Southwood Smith, the physician, who was also a cleric, were closely associated in the Poor Law Commission set up by the Reform parliament. The Commission brought about the amendment of the Poor Law and revealed that much of the poverty was the result of disease and that most of the disease was related to foul environmental conditions, which could be abated or improved by official action. By the exertions of these two men, provision was made for the control of the conditions of employment of children in factories in 1832, the registration of births and deaths in 1838, and the removal of nuisances by the Guardians in 1848. Their final triumph was to secure the passing of the first Public Health Act in 1848, which set up the first central health authority in the General Board of Health. Political opposition to the centralised powers of the Board brought about the retirement of Chadwick and the formation, in 1854, of a new Board of Health under the Privy Council. Dr. John Simon, the first Medical Officer of Health of London, was appointed as medical officer to the Board, which, in 1871, was re-established as the Local Government Board, and after the first Great War became the Ministry of Health.

Although these changes indicated a progressive tendency to lay responsibility for the health of the people on a supervising central authority associated with local executive bodies, they were also an expression of an over-simplified thesis that because dirt appeared to breed illness, all diseases could be abolished by the suppression of filth. Nevertheless the activities of the central poor law and health authorities served a most valuable purpose in projecting a light on the very dark areas in the cities and towns of England, as typified by Rawlinson's report on the state of Gateshead in 1849.

In Gateshead, the reaction of responsible citizens to the severity of epidemic disease had been limited to the establishment, apparently under voluntary auspices, of a temporary cholera hospital in 1832, and, under the Board of Guardians, of a temporary hospital for typhus in 1849, in which year also the Council asked for recognition as a Board of Health.

The Beginnings of Sanitation, 1851—1900.

During these years, the population of the Borough increased four-fold, entirely as the result of industrial developments, which continued the trek of the rural workers into the towns in search of a livelihood. To meet the housing needs, row after row of flatted terrace houses were erected in a fanwise spread from the congested urban area of Gateshead near the southern bridge head so as ultimately to cover the Teams, Askew Road and Bensham Road districts, to advance up the High Street and the old turn-pike roads to Durham as far as Inskip Terrace, to fill up the parallel Alexandra, Prince Consort and Coatsworth Roads as far as Whitehall Road, and finally to expand along Sunderland Road as far as John Street. Most of these new houses were erected with provision for the drainage of surface waste-water into sewers, but very few indeed were supplied with water-closets, the usual convenience being a small ash closet at the rear with an opening into the lanes which ran between two parallel streets of houses. These were at least an improvement on the large overflowing privy middens. The flats, which were erected, were of two, three and four rooms, and were generally supplied with water in the scullery or from a standpipe in the yard.

The provision of new houses by no means kept pace with the demand, so that the older parts of the Borough became congested in the extreme, whole blocks of houses being let in tenements, all disgracefully overcrowded.

At the end of August, 1853, cholera re-appeared in central Tyneside causing 1,527 deaths in Newcastle and 433 in Gateshead. In that terrible year, the death rate of Gateshead reached its highest peak at 47 per 1,000. The infection had been imported from Hamburg or a Baltic port and affected London, Liverpool and other cities as well. In Gateshead the earliest death occurred in the comparatively new Barn Close area, and the epidemic endured through September and October, both exceptionally warm. So much public alarm was caused that parliament itself sent three commissioners, including Dr. John Simon, to make enquiries.

The Cholera Commission sat in March, 1854, and received voluminous evidence showing the failure of the Newcastle and Gateshead councils to use their powers under the various Public Health Acts. In the findings, inadequate sewerage, deficient scavenging, bad siting and infrequent emptying of privies and ashpits received most attention, and the prevalent overcrowding and unfitness of four-fifths of the houses of Gateshead were emphasized. The infected houses were built back to back and let in tenements, where perforce each family had to live, sleep, cook and wash in a single room. Cellar kitchens were also let as dwelling houses, and it was in one of these that the cholera appeared. Out of 3,423 houses, only 64 had water-closets and 120 had surface drainage. Slaughter houses and offensive trades had been conducted in a way which gave great offence. The only new houses that were drained and sewered were Hawks' Cottages, which had been erected east of the Bridge in the district known as New Gateshead. The public water supply from Whittle Dene was supplied through 899 inside taps for 10,025 people, and by 149 outside taps for 8,175 persons. Complaints were made that the water sometimes had an offensive smell and was muddy. It was agreed by the Borough Surveyor, who was Inspector of Nuisances

PLAN OF THE TOWN DISTRICTS OF THE BOROUGH OF GATESHEAD

SHewing THE LOCALITY AND NUMBER OF
DEATHS FROM CHOLERA

1853.

Reference: Each Black Pin shows the locality of one Death

*The number of deaths in the Town District shown on this Plan is 517
The total number of deaths within the Borough is 633*

The first death from CHOLERA
in 1853 occurred in Victoria St.
One of 50 people living in four
rooms & two cellars. (3C)

William Hall C.E.
Borough Surveyor
appointed June 1853

SCALE
One Inch = Ten Yards in the Plan

R. W. Wilkinson

under the Public Health Act, that there was not a house in Pipewellgate, Hillgate, or the Island fit to live in. There were no public sanitary conveniences. New houses had been built over old quarry workings, which had been filled up with refuse, for example in the Barn Close area. In the riverside area, the smoke nuisance was so severe that even the telegraph wires across the High Level Bridge became corroded.

Examples were given of the neglect of the council to gain control of the building developments, to take the advice of their officers and to empty the privies and ashpits of their foul contents. It appears that it was not unknown for an owner to remove the roof of a tenemented house, add two additional storeys, and replace the roof. Permission had been granted to build a stable at the rear of a house. When it was built, it was used as a slaughter-house, but when the council objected to this misuse it was converted into a dwelling house. It was also a frequent practice, due to lack of a system of sewerage, for the house-builder to divert liquid refuse into abandoned pit shafts if these were to be found. The Commission found that the causes which aggravated the epidemics of Gateshead were obvious. The system of house construction was radically wrong, so that even new dwellings for the poorer classes of Gateshead were irremediably bad. No medical officer had been appointed. The enforcement of bye-laws under the Public Health Act was far from thorough. The sewers were imperfect and the town, in consequence, largely without any drainage. Even after the cholera epidemic, an injudicious parsimony interfered to impede the execution of a proper sewerage system, in consequence of which it was not possible to enforce the Public Health Act, which had provided that it was not lawful to erect a house without drains. The power to enforce the provision of a water-closet or privy and ashpit had been greatly neglected, and the conveniences which existed were habitually foul and objectionable. The power to pave, channel and repair drains had been exercised to a very inadequate extent, and the Board had even permitted the establishment of an offensive trade against the advice of their own surveyor.

Shortly after the cholera enquiry, a great fire broke out in a worsted factory in Hillgate, whence the flames spread to an adjoining chemical works, causing a great explosion which destroyed many of the surrounding buildings, and severely damaged St. Mary's parish church.

It must not be thought that the passing of the cholera was followed by rapid changes of the environment. It was not until 1861 that building bye-laws were made, and the first sanitary inspector, William Curry, was not appointed until 1866. He resigned in 1871 to be succeeded by Robert Nesbit. In 1867, a local Act gave powers to enforce closet provision, fill up cesspools, and prevent the discharge of sewage into pits or quarries. In 1873, the first Medical Officer of Health, Dr. James Ridley, was appointed on a part-time basis. In the following year Messrs. Clarke, Chapman began to operate what afterwards became the largest local industrial undertaking.

During the succeeding years, the infectious diseases, particularly scarlet fever, measles, whooping cough, and "continued fever", continued to levy a heavy annual toll of deaths from the population, while epidemics of small-

pox, typhus, and enteric also affected the people. In 1880, Dr. Charles Green having succeeded Dr. Ridley, Sheriff Hill Isolation Hospital was opened with 38 beds in two pavilions.

Meantime, the Public Health Act of 1875, which consolidated a number of previous Health Acts, made the Local Government Board the central authority for public health and laid a general duty on local councils for the maintenance of sanitary conditions, especially vesting in them the ownership of sewers. The Act provided for the inclusion of sanitary conveniences in every new house, for the abolition of nuisances, the compulsory introduction of a pure water supply into houses, coupled with power to close polluted water supplies. Every Local Authority was bound to make bye-laws for the control of any lodging houses and houses let in lodgings. All offensive trades had to be registered and controlled and powers were given for the prevention and isolation of cases of infectious disease, the disposal of unsound meat, and the carrying out of street improvements. In short, the Act was basically the code of public health law that we know today.

In Gateshead, there was an excessive mortality from infectious diseases in 1881, when typhus again became epidemic, causing 274 cases and claiming 68 victims, including Robert Nesbit, the Sanitary Inspector, and the first matron of the isolation hospital. Among the patients were also numbered the two dispensary doctors, and four of the nurses of Sheriff Hill Hospital. Concurrently with typhus, smallpox also raged, involving 336 cases and causing 91 deaths. In the year 1883, there were also 51 deaths from measles, 73 deaths from scarlet fever and 61 deaths from diarrhoea and dysentery. The mean annual infantile mortality rate for the years 1871 to 1880 was 172, a figure which was, in fact, identical with the rate in the 20 great towns of England. The high mortality from the fevers attracted the attention of the Local Government Board, and in 1884, Dr. F. W. Barry conducted a local enquiry, and as a result issued a report affirming that in the older part of Gateshead the conditions described in the Cholera Commission Report of 1854 were practically unchanged, except that filth was not allowed to accumulate to the same extent. Some improvements had been made by the closing and demolition of the worst houses in the Borough, but 3,182 of the 9,532 houses in the Borough were in tenements, and 3,150 were in flats, so that only one-fifth of the population lived in self-contained houses. Even in the newer part of the town, where the majority of new houses were well built, there were typical examples of jerry-building with bad bricks and rotten mortar. For example, the houses on one estate were blown down when almost complete. The number of water-closets in the Borough was 2,048, all in the better class houses, but the provision was generally deficient. There were 7,000 midden privies, almost without exception constructed on faulty principles. The bye-laws were worse than useless in that they perpetuated some of the worst faults in the privy midden construction. Removal of dry refuse and street sweepings was done daily, the material being carried to a Corporation depot and then railed into the country, but emptying of middens was carried out only once every six weeks in the town districts, and not so often in the country districts where many of these structures were overflowing and filthy. To empty these middens the contents were shovelled into the back lanes and thence into a cart, following which

the filth, left scattered about in the lane was liberally sprinkled with chloride of lime. Throughout the town there was a supply of filtered water, except in Blue Quarries, Wrekenton and Sheriff Hill districts, which still depended on wells. There were 32 slaughterhouses in crowded localities, one being especially filthy. Within the Borough, there were 52 licensed cowhouses and 207 milkshops. There were 10 common lodging houses licensed for 497 persons, and these were reported in a better condition than some of the tenements. In 1882, Sheriff Hill Hospital received 343 cases, and in 1883 233 patients, some of the patients having been sent by the Guardians of the Gateshead Union, and a number having been removed to hospital under Magistrates' Orders.

In his conclusion Dr. Barry reported that the matters most requiring attention were the improvement of the dwellings of the working classes, the suppression of overcrowding, and the abolition of the system of excrement disposal. He recommended the extension of the water supply to include Sheriff Hill, Blue Quarries and Wrekenton, the erection of a municipal slaughter house, the abolition of the existing slaughter houses which were nuisances, and the appointment of the medical officer of health full-time. Dr. Barry pointed out that the Medical Officer had from time to time drawn attention to the dangers to health from the principal sanitary defects, and that much of his advice had been allowed to pass unheeded.

Immediately after this report Dr. W. Robinson was appointed full-time medical officer at a salary of £400 per annum, and he and his successor, Dr. Stokoe, along with William Jours, who succeeded Nesbit as sanitary inspector, devoted much of their time towards raising the general hygienic standard of the town, particularly by compelling the installation of small ash-closets which were emptied once a week into carts passing along the back streets. This operation was productive of much offence and could not be carried out without spillage of faecal material in the lanes, which were often the playgrounds of the children.

In 1888, Gateshead Children's Hospital joined the Gateshead Dispensary as a voluntary organisation catering for sickness, while the Board of Guardians opened the High Teams Poor Law Institution, with some provision for the destitute sick of the town, which achieved County Borough status in the following year. At the end of the century, it could not be said that the hygienic improvements which had been so slowly carried out under the Public Health and Housing Acts had done much to reduce mortality in the town. Although smallpox and typhus fever did not recur, the infantile mortality was tending to worsen, deaths from diarrhoea, measles and whooping cough in children were extremely frequent, and enteric fever was practically an endemic disease. Yet thanks to the monumental discoveries of Pasteur, a new understanding of the nature of infection, based on the knowledge of bacteria and their habits, gave the sanitary idea a new orientation and brought about the unification of public health with curative medicine which was destined to be so fruitful in the first half of the twentieth century. The great example of this is to be found in the work of the isolation hospitals, wherein members of the staff of local authority preventive services went on to elaborate the rational treatment and prophylaxis of the common zymotic diseases.

The Period of Achievement, 1901—1950.

The first twenty years of the present century brought about the further expansion of the built-up area of Gateshead, largely by the erection of houses to fill up the land between Bensham Road and Saltwell Park, where long rows of flatted terrace houses were constructed to form the "Avenue" district of the town. Housing development also spread along Sunderland Road to join up with Felling at the Borough boundary. Although served by the public water supply and provided with waste water and surface drainage, these houses were not connected with the public sewers for the disposal of excreta, reliance still being placed on ash-closets, which had become almost universal in the older part of the town. Only in the case of certain houses constructed shortly before the first world war, were a bathroom with hot and cold water and a water-closet incorporated.

The industries of the town in 1925 were mechanical and electrical engineering, glass-works, brickworks, rope making, sawmills, plate-rolling mills gas works, collieries, paper mills, galvanising and tin-plate, rivet, nut and bolt manufacture, and chemical manufacture. The largest employed groups were as follows:—metal workers 9,098, transport workers 5,558, commercial, finance and insurance 5,063, miners 4,802, personal service workers 4,002, clerks and draughtsmen 3,299, building trades 1,606, garment makers 1,542, woodworkers 1,498, warehousemen 1,223, professional 1,121.

The rate of increase of the population was much less than in the previous century, for the birth rate began its steady decline until it became the common fashion to limit the size of the family. Nevertheless the number of families requiring separate houses continued to increase to the mid-point of the century.

The aftermath of the 1914-1918 war set into operation great changes in every sphere of public life. Both directly and indirectly many of these affected the public health. First of all, the sharp decline in the coalfields and in the heavy iron and steel industries due to tariff barriers and the interruption of international commerce, coupled with the movement of the railway workshops to Darlington and the end of the large chemical works, led to a steadily increasing unemployment, which in Gateshead reached its height in 1932, when 12,300 persons, or 44 per cent of the insured population, were out of work.

The suspension of private house building during the first world war necessitated a great effort to make up the leeway, and parliament itself induced local authorities in 1924, to begin to provide houses for the working classes. Thereafter, local councils tended to assume the entire responsibility for the building of houses to be let, while private builders continued mainly to build houses for sale. In these operations, it was customary for local authority developments to keep to areas quite separate from the building estates opened up by the private builders. Thus the local authority houses were built largely at Sheriff Hill and Carr Hill, east of the Old Durham Road and at Wrekenton, while the private building developments tended to extend along the new Durham Road towards Low Fell and the Borough boundary.

Between the wars, approximately 4,000 houses were completed by private enterprise and 3,500 by the Council, all of these being furnished with bathrooms and water closets. The Housing Act of 1930 provided the local authorities with the legal machinery for something more than the closing of unhealthy houses, namely the demolition of slums. In Gateshead, the final clearance of areas such as Barn Close, Pipewellgate and Hillgate, long notorious for the ill-health of the inhabitants began in 1932, the displaced tenants being found new accommodation in the Corporation housing estates. In this operation the lodging houses also disappeared. The burden of slum clearance and rehousing lay so heavily on Gateshead that with the onset of the second world war the programme was interrupted when only half completed. The housing survey of 1936 saw Gateshead emerge as the second worst county borough in England with 15·8% of all families living in overcrowded conditions, and because of slum clearance activity no houses were built to abate overcrowding. Cessation of house-building during the second world war followed by scarcity of labour and materials restricted house building to the provision of houses for the working classes under municipal auspices, so that Gateshead has become a completely built-up area, the only open ground left being derelict clearance areas and land which is undermined and therefore unsuitable for building purposes.

Yet the economic distress arising from growing unemployment was indirectly responsible for a great sanitary change, whereby, with the help of the Unemployment Grants Committee, the conservancy system of disposing of excrement was at last terminated.

In their annual reports from 1898 onwards, Dr. R. Green, the Medical Officer of Health, and Dr. T. M. Clayton, who succeeded him in this office, regularly urged the institution of a water-carriage system of sewage disposal to prevent the annual outbreaks of summer diarrhoea which continually ravaged the infant population of the town. A grant from the government enabled the Council, in 1925, to put into operation a scheme for the complete abolition of ash-closets and the conversion of the town to a water-carriage system. This grant was subject to a time-limit of three years for the completion of the work. Within two years and two months from March, 1925, 18,706 houses altogether were provided with a water-closet connected to the sewers, an achievement which justly takes pride of place in the municipal history of Gateshead. To this project there was little real opposition from property-owner or tenant, although the Tyne Conservancy Commission rightly but unsuccessfully objected to the discharge of untreated sewage into the tidal waters of the river. The work was carried out directly by the surveyor using direct labour, and was financed, apart from the grant, by a Corporation loan, which is now almost completely repaid.

Under Jours and his successors as chief sanitary inspector, R. W. Wilkinson and O. C. Hogg, the lessons of sanitation were enforced on landlord and tenant alike. Control over the quality of water, milk, meat and other foods was followed by the regulation of the sanitary condition of shops and food-stores and the suppression of rodents, flies and other pests. That the movement for perfection in the hygiene of food has not yet reached its objective is due to the failures of the human factors concerned, a situation that must be righted voluntarily or by penal compulsion.

Although the dwelling houses of the town continued to extend throughout the 20th century, the peak of population was apparently reached with the estimate of 133,676 in 1910, a figure that was corrected by the census of 1911, when the true population of the town emerged as 116,928. Thereafter the estimated population again grew to 129,000 in 1925, but subsequently, in spite of an extension of the Borough in 1933 to 4,470 acres, there has been a steady decline, that reached its lowest level in 1944 with the wartime estimate of 104,400. In the last few years, the stabilised population has been 115,500, practically the same as the number recorded in the first three years of the century.

All through the twentieth century, a considerable amount of emigration from Gateshead has been in process, for the natural increase of population, *i.e.*, the excess of births over deaths, was never reflected in the censal enumeration of the population. Indeed, the great economic storm of 1927 to 1930 accelerated this flight from the town, which is still far from being arrested.

In common with certain other areas, Gateshead emerged as one of the post-war distressed areas, for which parliamentary action was finally taken in the passing of the Special Areas Act of 1934. Through this gesture, the town was assisted by grants of money towards the rehabilitation of industry, and the performance of public works. The pioneer trading estate in England was sponsored within the Borough by the government, and by a great work of reclamation of derelict land the magnificent Team Valley Estate appeared in 1938, to serve in later years as the model for all similar schemes. This large planned industrial area of model factories, exceptionally well laid out and free from all trade nuisances, provides employment for over 10,000 people in the lighter industries which were formerly so lacking on Tyneside. Among other local activities which were only possible through the Special Areas legislation, must be included a new municipal health centre, a new open air school, a new hospital and extensions to two others, and new public baths. The decade of economic distress ended with the rearmament programme in preparation for the second world war, after which the continued activity in the shipyards and in the coal mines prevented a relapse to the dreadful conditions between the wars.

What of the health of the people during these last fifty years? In the Edwardian era there was a steady improvement of the death rate interrupted by some deterioration during the first great war, but since 1920 reaching a more or less stabilised level between 12 and 14 per 1,000. There has also been a steady fall in the infantile mortality rate, which still continues and is not entirely to be accounted for by the continuous decline in the local birth-rate, for the lowest figure attained, *viz.* 39 occurred in 1948, when the birth-rate was much higher than the normal for the last 20 years.

In the prevention and cure of the infectious diseases and the infections of childhood, much of the reason for the improved health of Gateshead becomes evident. In 1900—1914, the common epidemic diseases, notably measles, whooping cough, infantile diarrhoea and even enteric fever caused annually a large number of deaths. During this time the major epidemics

were smallpox in 1903—1905, with a mortality of nearly 10 per cent, typhus in 1907—08, and again in 1910. To meet the need for isolating smallpox, Sheriff Hill Hospital was extended to 4 ward blocks in 1904. In 1918-19, immediately after the war, epidemic influenza raged so that there were 411 deaths from the disease and 523 deaths from pneumonia. Again, in 1922, it came back almost as fiercely as in 1918, with 152 deaths and 258 deaths from pneumonia. In 1923, there was a visitation of the mild form of smallpox, which recurred in endemic form in 1925-28, causing a very small mortality. Tuberculosis mortality was always high in Gateshead, and the compulsory notification of phthisis that came into force in 1912 concentrated attention on the high local prevalence of the disease, which remains to this day a problem to be solved. Scarlet fever was epidemic in 1933-35, and was followed by a long epidemic of diphtheria, as the major menace to the children of the town during 1936-1946, when it caused 149 deaths.

The improvement of the health of infants and young children may be dated from the recognition that artificial feeding by cows' milk was a potent source of danger in an area with a conservancy system of sewage disposal. Propaganda on the preparation and sterilisation of feeding bottles was followed by the voluntary establishment of infant welfare centres in 1910, to be reinforced in 1919 by a health visiting service. The opening of municipal infant welfare and antenatal clinics, at which dried milk could be purchased at cost price gradually brought about a diminution in the fatality of infantile enteritis. This change was accelerated by the adoption of the water carriage system for the disposal of sewage. Concurrently with this infant welfare movement, the start of school medical inspection in 1909 did much to improve the hygienic conditions of the schools and went on to supply children with a preventive dental service and treatment facilities for the minor infective conditions such as impetigo, ringworm and ophthalmia. Arising out of the excessive mortality at childbirth and the frequency of infant deaths through prematurity, the schemes of antenatal care and municipal midwifery were engrafted on the infant welfare movement. Through these welfare services, attention was directed to the malnutrition of local mothers and children associated with the impoverishment of the working classes through unemployment. The supply of dried milk for infant feeding was subsidised in appropriate cases and with the feeding of necessitous school children, the supply of milk to school children, and the free issue of protective foods to expectant mothers did much to alleviate the conditions. The advent of rationing during the second war ensured that families of the town, who otherwise might not have purchased the more costly but valuable body-building and protective elements of the diet, obtained their quota of these necessities of healthy living. It is only thus that one can explain the great improvement in infantile mortality that took place in Gateshead and elsewhere during a war.

The segregation of the mentally ill by boarding them out under the Lunacy Acts in asylums belonging to other areas was so costly and difficult that in 1914 Gateshead Mental Hospital (now St. Mary's Hospital), was built at Stannington in Northumberland. At the end of the first great war, therefore, the municipal hospital provision for Gateshead was limited to that which had been necessary to remove unfortunate victims of mental

and physical disease from the public notice, the treatment of the patients coming as an afterthought. Otherwise the citizens depended on the voluntary hospitals of Tyneside. Through the attack on tuberculosis, begun in 1912, Whinney House was bought in 1924 and adapted as a sanatorium for the treatment of the phthisical. In 1929, the reform of local government abolished the Guardians of the Gateshead Union and transferred their responsibilities and property to the local health authority, so that the workhouse with its hospital came under the management of the Borough council. Very wisely, the Council decided in 1936 to embark on new hospital provision. With the aid of large grants from the special Areas Commission, the town extended and reconditioned the Mental Hospital in 1939, Sheriff Hill Isolation Hospital in 1940, and began the construction of the Queen Elizabeth Hospital, which was partly opened for use in 1943, although in 1950 it has still to be completed. Gateshead was also a partner in the provision of Poole Sanatorium. In 1941, the Council appropriated for hospital purposes the hospital wards of the former workhouse, the High Teams Public Assistance Institution, and renaming these "Bensham General Hospital" made the beds available to all requiring them.

Through these activities of the Council, the hospital accommodation to serve over 100,000 people, consisting of 40 beds for infectious diseases and 42 Children's Hospital beds at the beginning of the century had, at the end, enlarged to a total of nearly 1,300 beds, made up of 124 infectious disease beds, 100 beds for the tuberculous, 310 beds for general medical and surgical illness, 52 maternity beds, and 700 beds for mental illness. All this was the result of linking up the preventive bias of public health with the curative aims of the medical art. Thanks to the alliance between the local authority and the hospitals, wherein diseases were treated and studied with a view to applying the most successful and up to date methods of prevention and cure, the mortality from childbirth and from infectious disease has been reduced to a minimum. There were no deaths from childbirth in 1949 and in 1950, no deaths from scarlet fever or diphtheria since 1946 and no mortality from enteric fever since 1940. Even measles, which could cause 134 deaths in 1915 produced no mortality from 2,155 cases in 1950, and whooping cough, which caused 69 deaths in 1910, produced only 2 deaths from 351 cases in the same year. Tubercular meningitis, until 1948 uniformly fatal to the extent of 14 deaths or more annually, caused only 5 deaths in 1950.

For these changes, most of the credit belongs to the laboratory workers, the immunologists, chemists and bacteriologists, who in this country successively introduced antitoxin therapy and immunisation, sulphanilamide and its derivatives and finally the epoch-making antibiotics penicillin, streptomycin, chloromycetin and aureomycin. But it was in the public hospitals that the discoveries were fully exploited.

A movement towards the synthesis of medicine into a complete unity had been manifest for some years. For this ideal, the only possible instrument of integration was the state, which in 1944 took the first move towards the establishment of a national health service dependent financially on compulsory weekly contributions from all adults in remunerative employment but free of specific charges for services rendered to the users.

After many negotiations and conferences, the National Health Service Act, was passed in 1946, along with the National Insurance Act and the National Assistance Act. This triad of important legislation was intended to abolish illness, insecurity and poverty. In assuming complete responsibility for the nation's health, the parliament which passed the National Health Service Act, divided medicine into three fields, the hospital and specialist services, the provision for domiciliary medical attendance and the local authority preventive and ancillary services. The hospitals of the Gateshead local authority were taken over by the Newcastle upon Tyne Regional Hospital Board in July, 1948, on which date everyone became entitled to the services of a general practitioner, and the provision of free dental, ophthalmic and hospital treatment. For the Local Authorities, which appeared at one time to be the obvious local units to procure the effective liaison of these three branches of the practice of medicine, there was left only the sanitary services in the case of the lesser urban and rural authorities, and to the major authorities (the county councils and county boroughs) certain ancillary services mainly relating to the care of the sick in their homes, and the responsibility for immunisation procedures and ambulance transport.

These arrangements involved three distinct local executive bodies, and it was hoped that there would be a complete liaison between them in pursuit of the common ideal of national health.

The Future

It may be very unwise to prognosticate on a future the full nature of which can only be guessed, but some present trends are at least suggestive of the shape of certain things to come. The changes which are looming up include matters which are at present the responsibility of central and local authorities. In order that efforts may be made to shape the future to the advantage of everyone, several decisions are called for if only to formulate a policy.

It is obvious that Gateshead is now fully built up and overcrowded. In the McFarlane-Pepler report published by the Minister of Town and Country Planning, a possible scheme of development of the north-east of England is outlined, whereby the future population of Gateshead would be limited to 80,000 persons, and the surplus rehoused in a new satellite town of Barlow, 7 or 8 miles to the west. There is very little public support for this policy, because the displaced workers would be so far removed from the factories in which they earn their living that they would have to put up with the discomforts and incur the considerable additional expenses of travelling to and from their work along roads already severely congested at peak periods.

The only alternative to a policy of this kind appears to be the natural expansion of the town so as to absorb a large part of the surrounding rural and urban area. It is suggested that a community of convenient administrative size would be covered by the area of South Tyneside served by the Gateshead and District Hospital Management Committee, which includes the Felling, Ryton, Whickham and Blaydon urban districts, and part of Chester-le-Street rural district. No matter which policy is ultimately

adopted, there can be no gainsaying the fact that in the next twenty years a very large number of additional dwelling houses must be built to accommodate the overcrowded working class families of Gateshead, and to permit the demolition or improvement of houses known to be insanitary.

Another factor of great moment in the conception of a future Gateshead is one that is common to the national population. The increasing expectation of life at the present time, coupled with the falling birth-rate, has produced an unwieldy and top-heavy age-distribution of the present population.

In the report of the Royal Commission on Population (1949) certain conclusions are reached. Assuming that the present average size of the family, *i.e.*, 2.2 children, is maintained, the population of Great Britain would fall from the figure of 48 millions in 1947 to a little over 45 millions within a hundred years. With a continuous fall in the family size to 80 per cent of the fashion in the pre-war years, the population would have fallen as low as 29 millions by the end of this time. It seems also that in the next 15 years the number of young adults in the community will fall by 1.4 millions, while the number of old people over 65 years of age will steadily increase to the number of 2.3 millions in 30 years. The only hope of reversing the decline that threatens the race is to raise the birth-rate, and the Royal Commission recommends a number of financial and other measures with this end. In the view of the writer, the most important step will be to rehabilitate the family as the important unit of society and provide it *ab initio* with a decent home of its own. Many recent tendencies, such as the fashion to employ married women with children in industry and social work and at the same time care for these children in nurseries, appear to be diametrically opposed to the unitary idea of the family. Indeed it is the economic pressure on the family through the high costs of such essentials as clothing, furnishings and food that forces the married to seek employment or to continue pre-marital employment in order to save towards the provision of the home.

It is perfectly clear that long before the national population begins to diminish, the proportion of the aged in the population will have increased to such an extent that they will form the great problem of the future. Any attempt to provide for the aged, with their liability to diseases of degeneration and to senile decay of the body or mind, must be at the expense of a dwindling adult population. This depleted labour force will also have to produce the food and manufactured goods, by which an industrial country must survive.

In Gateshead, the effects of this peculiarity of the make-up of the population have already become manifest in the pressure on the home help and institutional services. There is therefore no doubt that, as the active section of the population between 20 and 60 years of age contracts and the number over 60 years of age increases, this question of providing for the elderly will become more and more pressing. Many of the aged will require assistance of one kind or other, some temporarily and some permanently, from the various public agencies. Much of the assistance so required will necessarily be institutional, or by the provision of specialised housing facilities at a time when it is difficult to house the numerous young families of the town. Even the erection of hostels and hospitals for the aged must

entail the employment of many active members of the population in what is really, from the economic point of view, un-productive work. For Gateshead the outlook, although bleak enough, is by no means so desperate as in some other communities, in which the birth rate over the past 20 years approximated to the level of the death rate.

This emphasis on the care of the elderly should not, however, blind us to the necessity for a continued watch against the reappearance of diseases that have invaded this island in the past in a deadly form such as typhus, cholera and plague. Protection against these must be based on a sanitary cordon backed by the defence in depth provided by the public health medical and sanitary staffs. Yet smallpox and diphtheria can be kept at bay by the attention of the community to the necessity for confronting the causal microbes with an immune population. The less dramatic epidemics of conditions such as the paratyphoid fevers and the dysenteries, too common now, may become more virulent and threaten life. Although shorn of much mortality by a decline in virulence and improved methods of treatment, scarlet fever, measles and whooping cough still continue their regular zymotic prevalence. Tuberculosis, the outstanding preventable disease, remains a deadly scourge, causing nearly 5 per cent of the total deaths. For those who think that the era of fatal infectious diseases is over as a result of the discovery of penicillin and allied antibiotic drugs, there are some sharp reminders that many newer virus infections such as influenza, poliomyelitis and various forms of encephalitis may yet rage widely and cause considerable fatality and disability because of our lack of knowledge of successful methods of prevention and treatment.

There is enough material here alone to justify the continuance of the fully manned local authority preventive services as we have known them in the past. It seems specially important that they should be maintained in the crowded industrial areas, such as Gateshead, where epidemic diseases have been shown to have been so disastrous in the past. And there is other work for this most important branch of the social services, at present under a cloud of depression. Certain non-infectious conditions stand out as targets for conquest. Cancer, ever increasing in frequency as a cause of death, is probably the most important of these objectives, but in the past the emphasis has had to be on the early diagnosis and cure of the disease rather than on the means of avoidance. The rheumatic group of diseases, associated largely with middle and old age, are also of prime importance because of the degree of associated disability and the consequent economic burden that the sufferers present to the community. Yet environmental factors are undoubtedly related to the causation.

The stress and frustration of the times seem to be coupled with an increasing frequency of what are called psychosomatic diseases, *i.e.*, related affections of the function of the mind and of the physical organs. These often begin in anxiety states, which produce such conditions as duodenal ulcer, asthma and certain forms of heart disease. As a result, the modern attitude is to study the hygiene of the mind in order to apply the principles of prevention to these psychological and neurotic disorders. There is no doubt, however, that the causes of many of these illnesses are to be found

in the structure and practices of modern life with its accelerating tempo, its fundamental insecurity, its oppressions and its replacement of the independent family as a social unit by the dependent community.

In some of these matters, the local authority has at present no direct responsibility, but as a contribution towards a better life for the constituents it serves, the following objectives are outlined :—

- (a) The clearance of the many houses irremediably unfit for human habitation.
- (b) The abatement of overcrowding in the homes of the labouring classes.
- (c) The improvement of many insanitary houses by the internal installation of hot and cold water, a bathroom and a sanitary convenience.
- (d) The construction of at least 5,000 separate dwellings for the families in the town.
- (e) The suppression of the smoke nuisance on Tyneside.
- (f) The enforcement of strict hygiene in the handling of food.
- (g) The education of the public in the full meaning of hygiene and healthy living with special reference to the so-called problem families.

As for the Central Authorities, it should be obvious that certain recent changes in organisation, such as the separation of personal health services from the spheres of sanitation and housing and the tripartite division of the national health service into three distinct agencies have all been a mistake. Any separation between the preventive and curative aspects of medicine is bound to be artificial and to obscure the unity of health, a word that originally meant wholeness. Any good physician or surgeon must consider a sick man in relation to his habits, occupation and environment. That this is the case is exemplified by the regular receipt of letters both from hospital physicians and family practitioners asking the medical officer of health to try to improve the housing and social conditions of patients.

It appears that the only solution likely to be satisfactory in restoring a unity of medicine that must always strive towards a unity of health is to vest all the activities related to health in a single ministry, which should establish as executive agencies over reorganised local government areas a series of all-purpose local authorities. These should then become responsible for all the functions, including the administration of hospitals, the domiciliary care of the sick and the preventive and environmental health services.

For such a task, the highest personal qualities will be required in both councillors and officers. These ought to be forthcoming to man services directed to the common good and dedicated to the well-being of all the families which make up the community. Should this type of enlightened democracy fail, the only efficient alternative is the centralised bureaucracy which men call tyranny.

Acknowledgments.

It would not be right to close without thanking the Council for the support which they have given to the officers of the public health department in the conduct of their duties. Equally, one has to commend the staff of the health and sanitary departments for their enthusiasm and application to their duties during a busy year. To each member I am personally very grateful and I would refer especially to the assistance I have received from my Deputy, Dr. M. B. Herbst, and the Chief Sanitary Inspector, Mr. W. A. Mears. I would also like to take the opportunity of thanking the various members and officers of public bodies who have, from time to time, supplied information, given assistance and otherwise co-operated with the public health staff.

Your obedient Servant,

JAMES GRANT,
Medical Officer of Health.

PART I.—NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH.

A. General Remarks.

An annually recurring theme in the reports of medical officers of health in the north is a reference to the continued difficulties in securing adequate and proper housing of the people. Gateshead is alas no exception and is, in fact, almost the most hopeless County Borough in England from the point of view of securing a remedy for the prevalent gross overcrowding and the insanitary housing conditions of the older half of the town. The principal difficulty arises from the fact that the Borough is now fully built up, and that the extension, which is so necessary, and has so often been referred to in previous reports, is as remote at the end of 1950 as ever it was. It must again be stressed that a large extension of the Borough to allow the spread of the crowded population over the existing boundary is urgently necessary, in spite of the arrangement for Gateshead to build houses within the adjoining urban district of Felling. This indeed would have the effect of cutting off the rehoused Gateshead citizens from the mother town and the public services to which they have hitherto contributed. Until the Borough is extended, the frequency of sub-letting and of married couples living with relatives and the overcrowding of families will apparently continue unabated.

In contrast to housing, the town is fortunate in having well maintained the full employment of its citizens, but one feature of the policy of full employment that must be referred to is the frequency with which married women with household and familial responsibilities are continuing to work. In many cases the reason for this can be found in the widespread economic difficulties of the times when, with rising prices and comparatively fixed incomes, life is a continual battle against adversity, at least so far as most of the wage-earning professional, commercial and working classes are concerned. Another problem, somewhat related to this pressure on able-bodied women to find remunerative employment, is the condition of the aged and infirm members of the community, who, in many instances, are being abandoned to the care of the local authority organisations. As a result, there are heavy demands on the domestic help and district nursing services of the town, and great pressure also on the welfare hostels for the accommodation of the aged. At the end of the year, the welfare hostel at "Fountain View" was providing accommodation for many people really of the chronic sick class and requiring constant or intermittent nursing care. The local hospital developments have reduced the number of beds in the Bensham Hospital which were once available for the chronic long-stay cases, while hospital admissions are no longer confined to the Borough, so that this too has added considerably to the pressure on the local authority services. In many of the households with an aged person receiving domestic help, it has been found that the other members of the family are all working, when in former times someone would have been made responsible for the care of the aged patient. A further feature, it must be remembered, is that the effects of the longer expectation of life due to the advances in medical treatment and preventive medicine are making themselves felt, and the age-

structure of the community, which should normally be graphically represented by a pyramid, is now considerably top-heavy, a feature to which the fall in the birth-rate after the first world war has also contributed.

This difficulty of providing for the aged has been foreseen for many years. In a Christian culture based on a family unit of population, the care of the aged was as directly a responsibility of the family as the welfare of the young. Even the now defunct Poor Law based its assessment on the family as a unit having the responsibilities mentioned. Although this view may have been repugnant to some of the individuals who were assessed for the maintenance of relatives in institutions or hospitals under the Poor Law, the modern practice of assessing the recipient and not the household in respect of the cost of the domestic help service has led on the one hand to a decline in the ideal of family life and on the other to the provision, at the expense of the public purse, of help which could be paid for in many instances by other members of the family. On parallel lines, another practice, which is not altogether satisfactory, springs from the inclusion of married women with young families among the employed. The children under school age are placed in day nurseries or in nursery schools where the only charges that are made for the service are those calculated to cover the cost of the meals supplied to the children. Where both parents are working, it seems unjust that other families should pay in taxation and rates for the care and feeding of many of these children.

The immediate effect of day-nursery life on the child, especially when admitted in the first two years of life, is to deprive the child of parental care during most of the hours when the child is awake. Such a child must then be confused as to its relation with its mother, when she is only seen early in the morning and immediately before bed-time. The very close link that ought to exist between the child and its mother, the influence which plays such a large part in the formation of the personality and character of the child, must be weakened to an extreme degree. The ultimate effects of nursery life, which is really an institutional life, have yet to be gauged, but they are hardly likely to be gratifying.

B. Climatic Conditions in 1950.

No progress was made during the year towards the establishment of a meteorological station. The difficulty that has arisen is to find a suitable site for the erection of the instruments. A site in Saltwell Park would have been very convenient from the point of view of making readings, but from the meteorological point of view this site has not proved to be suitable. The matter is being further examined.

During 1950, steps have been taken to install apparatus for the measurement of atmospheric pollution in the Borough, one set in the heavy industrial area, one in the middle of the town and one at Sheriff Hill. There is already evidence of serious smoke pollution of the northern half of the Borough, in contrast to the relative freedom of the southern half.

From the adjoining meteorological stations in Newcastle and at Durham, it is possible to describe some of the weather conditions in 1950, which climatically was one of the most depressing years of the century, due to the continued bad weather during the last six months of the year. There was little snow in the first quarter of the year, but several snowstorms occurred in December, which was the coldest December since 1900. 1,117 hours of sunshine were recorded over Tyneside in 1950, as compared with 1,389 at Durham and 1,240 hours of sunshine on Tyneside in 1949. August was particularly disappointing. The sunniest month was June, followed by July and March, when the sunshine was practically the same as that recorded in the month of August. The rainfall during the year amounted to 29·21 inches as compared with 17·26 inches in 1949. August was the wettest month of the year with 5·3 inches of rainfall, followed by November (3·75 inches), February (3·5 inches), July (3·4 inches) and September (3·08 inches). The weather was particularly disappointing due to heavy rain and general dullness in the holiday months of July and August. The weather in 1950 was notable for the number of gales during the spring and the autumn, mainly from the south and south-west. The abnormally prolonged spell of cold weather beginning in November and lasting to the end of the year was related to the prevalence of respiratory infections, to which was added, in the third week of December, a fairly severe outbreak of influenza which lasted to the middle of January, 1951, and produced an abnormally high mortality in the Borough. This mortality was chiefly due to respiratory infections and affected mostly the elderly members of the community over 65 years of age.

C. Social Conditions.

Unemployment and Disablement.

By the courtesy of Mr. J. J. Wilson, the Manager of the Windmill Hills Employment Exchange, it may be stated that at the end of 1950 there were 1,827 unemployed within the Borough, as compared with 1,942 at the end of 1949. The unemployed were made up of 1,383 men, 410 women, 17 boys and 17 girls.

Registered disabled persons numbered 2,238 men and 221 women, this being an increase of 21 females on last year. Of these, only 301 males and 13 females were unemployed, while 50 men were considered to be only suitable for work of a sheltered nature. To deal with these, a Remploy Factory has been opened on the Team Valley Trading Estate, and gave employment at the end of the year to 20 men. It is intended ultimately to increase this number to 45.

National Assistance.

The following information is presented in relation to the work of the National Assistance Board, Gateshead area office, through the courtesy of Mr. T. P. L. Bruce, Area Officer of the Board. 6,509 persons received assistance during 1950. The classification of the number of persons relieved is as follows:—unemployed 571, persons suffering from physical or mental illness or disability 1,037, retired contributory pensioners 2,834, non-contributory old age pensioners 739, others 1,328. The last group includes

a number of diverse categories, but the majority are women and accounted for by widows under 60 years, women separated from their husbands, women who have not earned a pension and a number of persons of both sexes who are over the pensionable age and who will have to wait until they reach 70 years before they receive the old age pension. The number of unemployed persons receiving assistance includes a number who are receiving unemployment benefit which is not adequate for the maintenance of their families. The others are simply out of benefit.

National Insurance Sick Benefit.

In the absence of outbreaks of disease, the average number of fresh claims for sick benefit each week seems to be stabilised somewhere between 300 and 350. A weekly return is received from the Ministry of National Insurance, so that any undue amount of illness is quickly brought to the notice of the medical officer of health. During the influenza epidemic at the end of 1950, the number of claims soared as high as 1,350.

Welfare Services.

From the Director of Welfare Services, Mr. E. Waton, I have ascertained that at the end of the year there were 291 blind persons and 24 other blind persons under observation. There were also 143 persons who were deaf and dumb.

In Fountain View Welfare Hostel, there were 297 residents, including 10 persons who had been evicted from rooms.

Deprived Children.

The Children's Officer, Mr. R. A. Haysom, has supplied me with the information that he has 230 children under care, and 45 children from the Borough are attending approved schools. Of the 230 children directly under care, 62 are in residential nurseries and homes within the Borough. 50 children are boarded out, 65 are being cared for at Medomsley Cottage Homes, and the remainder are located at various residential homes elsewhere in the country.

Inasmuch as the onus of maintaining a community by productive effort should rest on the shoulders of the males and unmarried females aged between 15 and 65 years, the size and number of these groups in relation to the community is a matter of some importance, although it must be admitted that a number of men and women go on working after the normal years of retirement. The local information as to the number of married women who are working cannot apparently be obtained, nor can the number of pensioners and old age pensioners in Gateshead. It seems that to secure factual information about the age distribution of the population and of the status of the workers in the community, one will have await the census of 1951, which should highlight some of the social changes which have occurred in the community since the last census of 1931.

As in recent years, the nutritional state of the people, as assessed by the appearance of nursing mothers at the antenatal clinics, of babies at welfare centres and of children at school medical inspection remains satisfactory.

D. General Statistics of the Area.

Population (estimated by Registrar-General 1950)	...	...	...	115,500
Population (estimated by Registrar-General 1939)...	...	...	...	116,600
Population of present Borough (Census 1931)	...	...	...	124,545
Area of Borough (in acres)	...	...	...	4,470
Number of Inhabited Houses (Valuation Lists 1950)	...	...	...	32,548
Density of Population per acre	...	...	...	25.8
Number of Persons per Inhabited House	...	...	...	3.5
Rateable Value at 1st April, 1950	...	...	...	£617,781
Sum represented by Penny Rate	...	...	...	£2,440
Rate in the £ levied in 1950-1951	...	...	...	20/-s

E. Vital Statistics for 1950.

	Males	Females	Total	Rate
Live Births.				
Legitimate ...	1037	998	2035	
Illegitimate	40	42	82	
Totals	1077	1040	2117	18.3 per 1,000 of population (area comparability factor 0.98)
Still Births.				
Legitimate ...	27	22	49	
Illegitimate	1	3	4	
Totals	28	25	53	0.45 per 1,000 of population
Deaths ...	784	674	1458	12.6 per 1,000 of population (area comparability factor 1.16)
Excess of Births over Deaths...	293	366	659	
Infantile Mortality.				
Legitimate ...	41	53	94	46.1 per 1,000 live legitimate births
Illegitimate	3	4	7	55.3 per 1,000 live illegitimate births
Totals	44	57	101	47.7 per 1,000 live births
Maternal Mortality.				
a. From Sepsis ...	—	—	—	0 per 1,000 total births
b. From other causes	—	—	—	0 per 1,000 total births
c. From criminal abortion	1	1	2	0.46 per 1,000 total births
Deaths from Tuberculosis.				
a. Pulmonary ...	40	24	64	0.55 per 1,000 of population
b. Non-Pulmonary	4	7	11	0.09 per 1,000 of population
c. All forms ...	44	31	75	0.64 per 1,000 of population
Deaths from Epidemic Diseases.				
Scarlet Fever	—	—	—	
Diphtheria ...	—	—	—	
Measles ...	1	—	1	
Whooping Cough	1	1	2	
Enteric Fever	—	—	—	
Diarrhoea Infantile	7	10	17	
Total Zymotic Deaths..	9	11	20	0.17 per 1,000 of population
Deaths from Cancer	118	106	224	1.93 per 1,000 of population

Population.

The population has increased slightly on 1949, when the estimate was 114, 910. It is still less than the pre-war figure and reflects the effect of military service and emigration from the town on account of housing difficulties.

Births.

The birth rate of 1950 is a slight reduction on the rate for 1949 and represents the tendency of this figure to return to the more or less stable pre-war level. The rates of live and still births have to be compared with rates of 15·8 and 0·37, the national figures for 1950, and 17·6 and 0·45, the rates applicable to the great towns.

Deaths.

The death rate of 12·6 is a slight increase on the figure for 1949, and is to be compared with 11·6, the national rate in 1950, and 12·3 the rate for the great towns.

In 1950, the infantile mortality rate of 47·7 was the same as in 1949, and therefore the second lowest ever recorded. The figure is considerably higher than the national infantile mortality rate of 29·8 and the figure recorded in the great towns of 33·8. A feature in 1950 was the great difference in infantile mortality as between legitimate and illegitimate children.

The principal causes of infantile mortality were :—

Notifiable infectious diseases (measles 1, whooping cough 2)	3
Pneumonia and Bronchitis	15
Enteritis and other digestive disorders	17
Prematurity	22
Congenital malformations	10
Violence (overlying)	2
Birth injuries	9
Haemolytic disease	2
Other causes	21

The other causes included 3 deaths from meningitis at home, 4 from convulsions, one from encephalitis and one from influenza.

On the whole, this temporary set-back in the infantile mortality rate should cause no despondency.

So far as the general population was concerned, the killing diseases were :

Diseases of the Heart and Circulation (heart disease 420, intracranial disease 140, other circulatory disease 45)...	615 (41·4% of total deaths)
Cancer	224 (15·3% of total deaths)
Tuberculosis (all forms)	75 (5·1% of total deaths)
Pneumonia (57), and other respiratory diseases (141)...	198 (13·5% of total deaths)
Peptic ulcer	5
Nephritis	11
Diabetes	12
Influenza	29
Syphilis	2
Notifiable infectious diseases (cerebro-spinal fever 3, whooping cough 2, measles 1, encephalitis 1) ...	7
Suicide	11
Motor accidents	16
Other violent causes	33

808 of the deaths occurred in persons over 65 years of age, that is 55% of the total deaths.

There were no maternal deaths in 2,170 live and still births, but there was a death consequent on an attempt at criminal abortion carried out elsewhere.

The zymotic diseases death rate is among the lowest recorded, and the tuberculosis rates show a marked improvement on recent years, undoubtedly the result of improved methods of therapy, especially by paramisal sodium and streptomycin.

The cancer death rate of 1·93 per 1,000 is the highest ever recorded in the Borough. The deaths from cancer in the town are analysed below :—

Age Distribution.

					M.	F.	Total
0—15 years	...	...	...	...	1	3	4
15—25 years	...	...	...	...	2	—	2
25—45 years	...	...	...	...	9	8	17
45—65 years	...	...	...	...	36	48	84
65—75 years	...	...	...	...	41	22	63
Over 75 years	...	...	...	...	29	25	54
Total					118	106	224

Sites of the Disease.

Larynx	...	...	...	...	2	—	2
Maxilla	...	...	...	...	1	1	2
Tongue	...	...	...	...	2	—	2
Mouth	...	...	...	...	1	—	1
Oesophagus	...	...	...	...	6	—	6
Stomach	...	...	...	...	30	17	47
Intestine	...	...	...	...	2	2	4
Colon and caecum	...	...	...	...	10	14	24
Rectum	...	...	...	...	4	4	8
Gall Bladder	...	...	...	...	1	—	1
Liver	...	...	...	...	3	4	7
Pancreas	...	...	...	...	4	3	7
Peritoneum	...	...	...	...	—	1	1
Lungs and bronchus	...	...	...	...	30	10	40
Vulva	...	...	...	...	—	1	1
Uterus	...	...	...	...	—	16	16
Ovary	...	...	...	...	—	5	5
Bladder	...	...	...	...	4	—	4
Prostate	...	...	...	...	7	—	7
Testicle	...	...	...	...	1	—	1
Breast	...	...	...	...	—	16	16
Brain	...	...	...	...	4	3	7
Glands of neck	...	...	...	...	1	1	2
Other areas	...	...	...	...	5	8	13

F. Ward Statistics.

It is not possible to give anything like an accurate estimate of the vital statistics of the ten wards into which the town is divided. It may be possible to resume this after the census of 1951.

County Borough of Gateshead.
BIRTH RATE per 1,000 population

1871-1950

AVERAGE BIRTH RATES

1871-1880
45.3

1881-1890
38.6

1891-1900
36.0

1901-1910
34.8

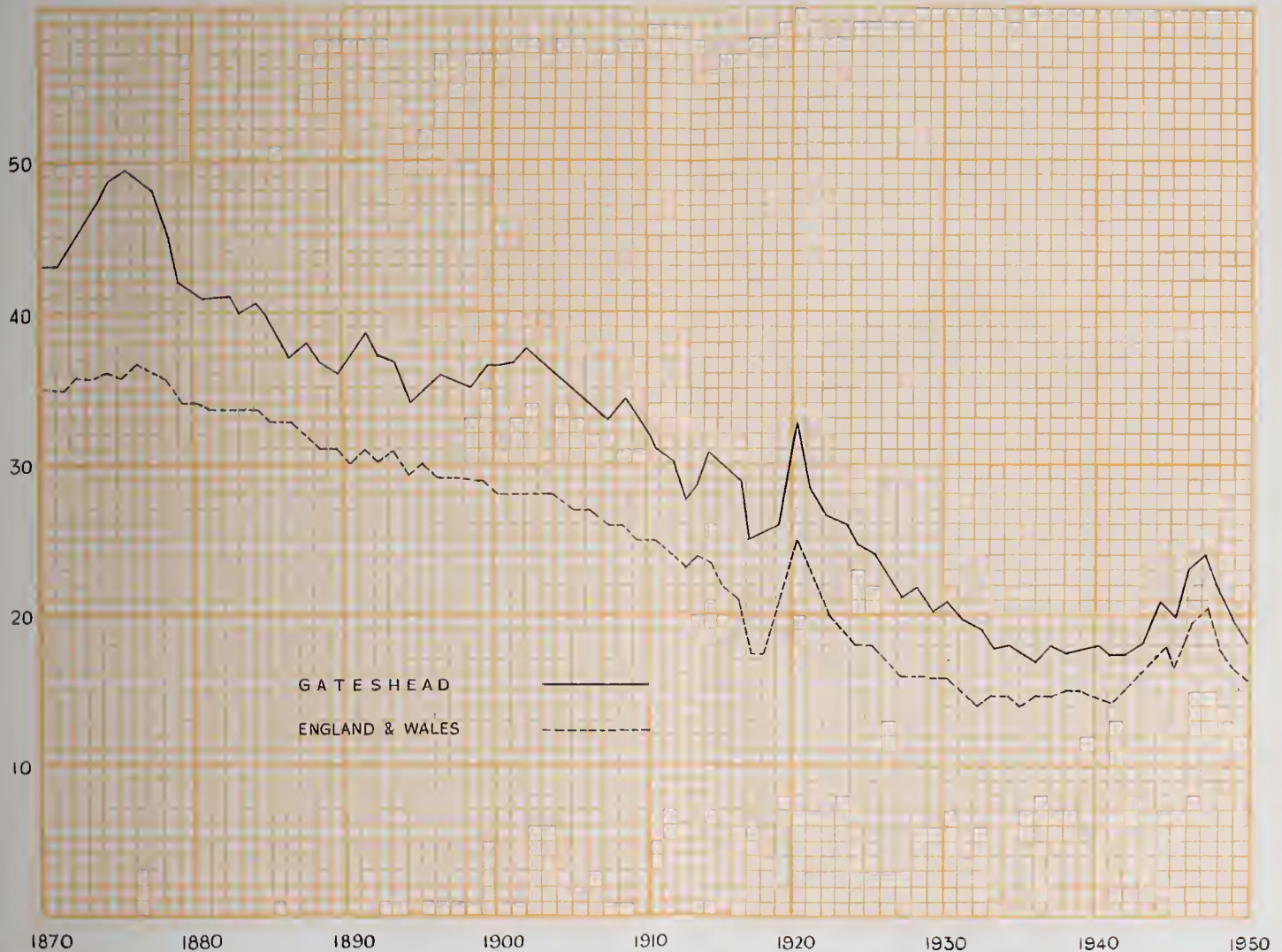
1911-1920
28.7

1921-1930
24.0

1931-1940
18.1

1941-1950
20.1

Rate per
1,000



County Borough of Gateshead.
DEATH RATE per 1,000 population
(at all ages and from all causes)
1871-1950

AVERAGE DEATH RATES

1871-1880
26.1

1881-1890
21.3

1891-1900
19.4

1901-1910
17.4

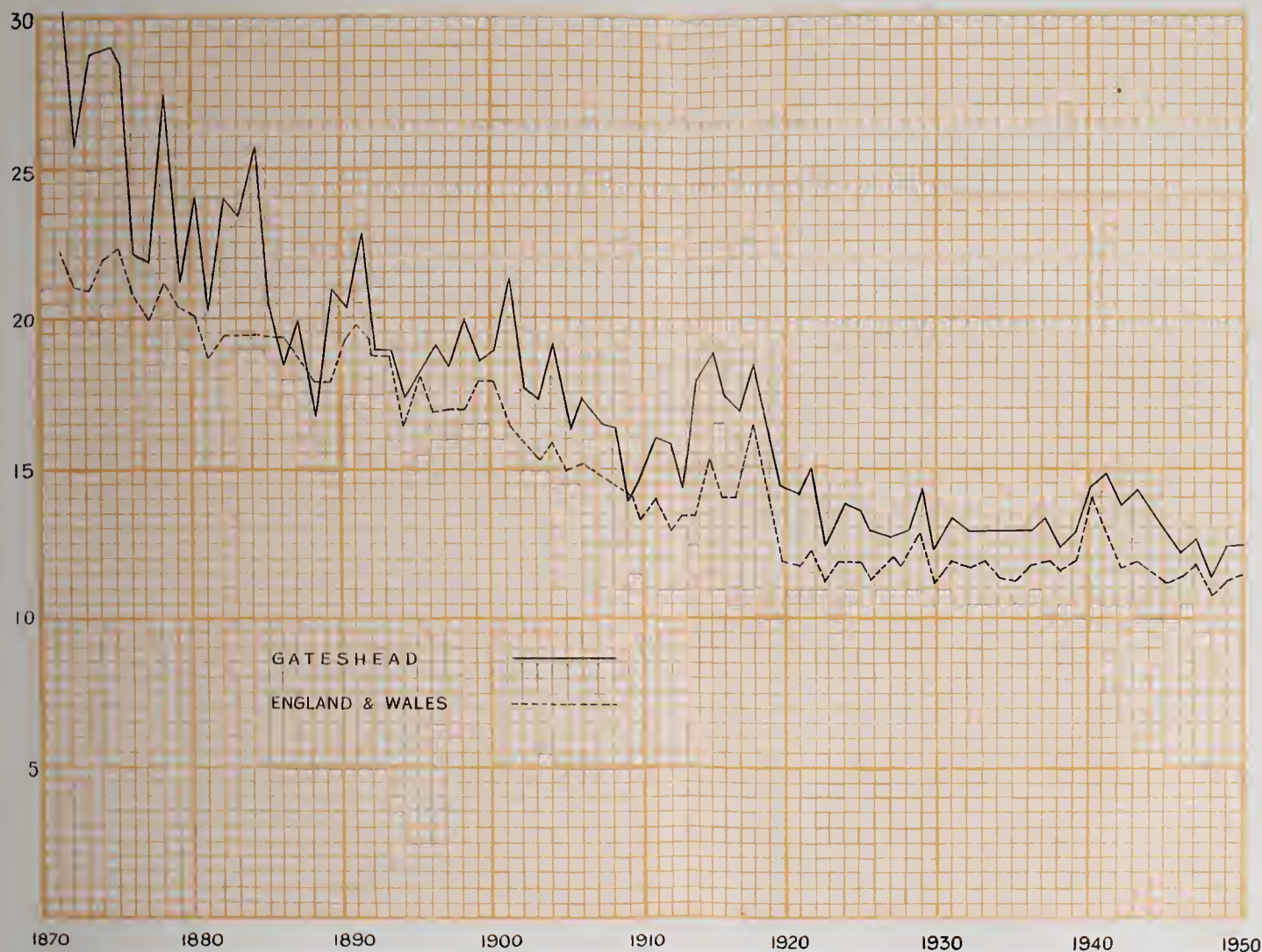
1911-1920
16.9

1921-1930
13.7

1931-1940
13.1

1941-1950
13.1

Rate per
1,000



G. Statistical Rates for the last Ten Years.

	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Population	115500	114910	115100	113580	112210	105560	104440	103500	105000	106820
Births—										
Uncorrected										
Number	2338	2330	2514	2744	2533	2010	2127	1692	1585	1554
Net Number	2117	2265	2439	2756	2614	2097	2219	1917	1835	1853
Birth rate per 1000 populatn	18.3	19.7	21.1	24.2	23.3	19.9	21.2	18.5	17.4	17.3
Deaths.										
Registered	1502	1497	1270	1398	1308	1308	1375	1409	1342	1537
Crude Rate	13.0	13.0	11.0	12.3	11.6	12.3	13.1	13.5	12.7	14.3
Transfer, out	188	159	66	48	55	63	86	56	58	93
„ in	144	106	112	123	133	121	145	148	162	171
Net Number	1458	1444	1316	1473	1386	1366	1434	1503	1446	1615
Death rate per 1,000	12.6	12.5	11.4	12.9	12.3	12.9	13.7	14.5	13.7	15.1
Infantile Mortality										
Deaths.....	101	110	96	152	147	118	120	148	126	165
Rate per 1000 live births	47.7	48.0	39.0	55.0	56.0	56.0	54.0	77.0	68.0	90.0
Maternal Death Rate per 1000 total births	0.46	Nil	0.8	0.35	1.48	2.31	3.93	3.05	2.63	4.78
Tuberculosis Death Rate	0.64	0.87	1.01	0.96	0.85	1.18	1.38	1.21	1.20	1.44
Zymotic Death Rate	0.17	0.17	0.14	0.33	0.22	0.18	0.31	0.54	0.25	0.58
Cancer Death Rate	1.93	1.89	1.7	1.78	1.6	1.88	1.80	1.85	1.64	1.63

PART II.—HEALTH SERVICES OF THE AREA.

The local authority hospitals, which were transferred to the Regional Boards have been kept very busy throughout the year ; and in particular the Queen Elizabeth and Bensham Hospitals have been seriously overloaded, so that waiting lists have developed at both hospitals. It appears, fortunately, that some priority will be given to the completion of the Queen Elizabeth Hospital, presumably along the lines that were envisaged by the Local Authority proposals of 1937. These hospitals, however, are now no longer set aside solely for Gateshead patients, but must serve persons from the natural drainage area centred on Gateshead, which embraces approximately 200,000 people. In short, the Gateshead hospitals have become the principal hospitals for the mid-zone of South Tyneside.

Certain alterations, which were initiated by the Local Authority before the appointed day, are in active progress. At Sheriff Hill Isolation Hospital, the additional cubicle ward of 16 beds is now almost ready for use and at Bensham Hospital, work is proceeding with the modernisation of one of the

four main ward blocks. Alterations in the tuberculosis and sanatorium accommodation for Gateshead citizens have made for an increased allocation to the Gateshead Chest Physician, who has, however, expanded his clinical responsibility to cover the adjoining district of Felling with nearly 30,000 of population, so that there has been an actual reduction of tuberculosis beds for Gateshead itself. The situation is being kept under review and may be remedied in a forthcoming re-allocation of the accommodation to various areas. On the other hand, in tuberculosis, there has been considerable improvement through the treatment with streptomycin and paramisal sodium so that the turn-over of patients in existing beds is tending to accelerate. It may well be that some improvement in the waiting time for sanatorium treatment will occur spontaneously.

In regard to the other specialist services of the Borough, which have been absorbed in the Regional Board organisation and in which deficiencies developed after the appointed day, it has to be reported that matters are tending to rectify themselves. Additional ophthalmological assistance has been obtained for the treatment of defects of vision in school and pre-school children, so that the large waiting list of over 600 will gradually be reduced. The orthopaedic clinic service has been expanded again with the fresh appointment of an orthopaedic surgeon to the Gateshead group of hospitals, and during the year liaison with the obstetric staff of the Queen Elizabeth Hospital has led to the hospital antenatal clinics being held as out-post clinics in the Greenesfield Health Centre. The appointment of a dermatologist to the Gateshead group of hospitals has made it possible for him to conduct a session once a week to advise in the treatment of the skin diseases of children. For the school children of the Borough, two further specialist facilities are required, the services of a child guidance psychiatrist to bring about the revival of the Gateshead child guidance work, and the services of a consultant throat and nose surgeon to supervise the care of the nasopharyngeal and ear diseases of children, to carry out the assessment of deafness and advise as to the appropriate educational treatment.

Relations between the three local committees set up as part of the National Health Service scheme, namely the hospital management committee, the local executive council, and the health committee of the local authority, continue to be excellent. The Gateshead Council is well represented on the two former bodies. At the officer level relations are also close and there is a full collaboration in the service of the public. The liaison committee of the medical officers of health of the region, with the senior administrative medical officer of the regional hospital board continues to perform a most useful duty and meets regularly every six weeks to discuss and decide matters of common concern. There is still no direct liaison, however, with the Board of Governors of the teaching hospitals or with the Board's officers.

A. Hospital and Specialist Services.

(Part II of the National Health Service Act, 1946).

1. Hospitals serving the Area.

The following list gives the names of the hospitals used by Gateshead people, the number of admissions from Gateshead in 1950, and the appropriate management committee.

<i>Hospital</i>	<i>Gateshead Admissions during 1950</i>	<i>Management Committee</i>	<i>Chairman</i>	<i>Secretary</i>
Bensham General Hospital ...	1,674	Gateshead District H.M.C.	Alderman P. S. Hancock O.B.E.	H. Clark
Queen Elizabeth Hospital ...	3,085			
Sheriff Hill I.D. Hospital ...	693			
Whickham and District War Memorial Hospital ...	153			
Gateshead Children's Hospital ...	731			
Whinney House Hospital ...	125			
Norman's Riding Hospital ...	61			
Clinics : Chest, Gateshead Chest, Whickham ...				
St. Mary's Hospital, Stannington	150	St. Mary's H.M.C.	Alderman J. A. Hutchison	R. Wood
Royal Victoria Infirmary, Newcastle ...	896	Newcastle upon Tyne United Hos- pitals Board of Governors		Dr. A. W. Sanderson
Princess Mary Maternity Hospital, Newcastle ...	22			
Newcastle General Hospital, Ward 34 ...	N.A.	Newcastle upon Tyne H.M.C.	Coun. A. Charlton Curry, J.P.	K. C. Booker
Hospital for Sick Children (Fleming Memorial) ...	125			
Eye Hospital ...	73			
Ear, Nose and Throat Hospital ...	154			
W. J. Sanderson Orthopaedic Hospital ...	4			
Walker Gate Hospital ...	112			
Town Moor I.D. Hospital (not in use)	—			
Barrasford Sanatorium ...	8	Hexham and District H.M.C.	L. Bird, Esq M.B.E.	W. Stokell
Shotley Bridge Hospital ...	122	North West Durham H.M.C.	Ald. J. Chap- man, M.B.E.	A. Lawther, F.C.C.S., F.H.A.
Poole Sanatorium ...	43	Cleveland H.M.C.	A. Cooper, Esq.	L. Brittain, F.H.A.
Monkton Hall, Prudhoe Hall Colony ...	7	Prudhoe and Monkton H.M.C.	Coun. R. E. Jackson	J. G. Gillett
Stannington Children's Sanatorium ...	6	Wansbeck H.M.C.	G. F. Howell Esq., M.A.	J. J. Bren- nand
Wallsend I.D. Hospital ...	25	South East North'land H.M.C.	Coun. R. A. Anderson	G. Brown
Earls House Sanatorium ...	1	Durham Hospital Management Committee	J. Foster, Esq., J.P.	B. H. Chubb, M.S.C.Econ F.H.A.
Northgate and District Hospital ...	1	Northgate & District H.M.C.	Ald. F. C. Hyde, J.P.	H. Jones

N.A.—Not available.

2. Bacteriology.

(Public Health Laboratory service of the Medical Research Council).

Most of the bacteriological laboratory work related to the public health of Gateshead and also in fact relating to the hospital treatment of Gateshead patients is carried out at the Blakelaw Laboratory, Ponteland Road, Newcastle, under the supervision of Dr. R. Norton. The exceptional work done at the laboratory within the Newcastle General Hospital under the control of Dr. E. Messer, chiefly related to the detection and control of venereal diseases.

(a) Prevention and Treatment of Disease.

Throat swabs for organisms	...	...	...	...	403
Nasal swabs for organisms	...	...	...	...	32
Culture for virulence test	...	...	...	...	5
Sputa for tubercle bacilli	...	...	...	...	1883
Other specimens for tubercle bacilli	...	...	...	...	326
Eye smears for gonococci	...	...	...	...	33
Faeces for pathogenic organisms	...	...	...	...	2802
Urine for organisms	...	...	...	...	689
Cerebro-spinal fluid for organisms	...	...	...	...	30
Blood for Widal test	...	...	...	...	40
Mouse droppings	...	...	...	...	1
Miscellaneous	...	...	...	...	397
					<hr/> 6641 <hr/>

(b) Milk.

T.T. Milk	...	...	...	...	...	24
Accredited Milk	...	...	...	...	...	13
Pasteurised Milk	...	...	...	...	...	171
T.T. Pasteurised Milk	...	...	...	...	...	36
Ordinary Milk	17
Milk for tubercle bacilli by inoculation	30
						<hr/> 291 <hr/>

(c) Water Supply

...	15
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(d) Food.

Cream	6
Dried Milk	3
Duck egg	1
Sausage	1
Hen's eggs	3
Pork Pie	1
						<hr/> 15 <hr/>

(e) Control of Venereal Disease.

(1) Blood Wassermann Tests :—

(i) Practitioners	...	...	...	...	...	31
(ii) Antenatal Clinics	...	...	...	...	...	1530
(iii) V.D. Clinics	1693

(2) Cerebrospinal fluid :—

V.D. Clinics	36
						<hr/> 3290 <hr/>

Grand Total	<hr/> 10252 <hr/>
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3. Blood Transfusion Service.

This work is organised through a regional headquarters at a centre in Jesmond Road, Newcastle upon Tyne. Arrangements are in being for the collection of blood from local volunteers, and blood banks are maintained at the Queen Elizabeth Hospital and at Bensham Hospital, along with supplies of plasma for transfusion purposes. Routine blood samples are taken at the local authority and hospital ante-natal clinics and sent to the Blood Transfusion Centre for blood grouping and rhesus testing. In 1950, 1,530 specimens were submitted and the results noted on a card given to each patient. Specimens from women found to be Rh. negative are re-examined at the seventh month of pregnancy and a sample of the husband's blood is also tested. Women showing evidence of antibody formation are admitted to hospital for their confinement.

B. Local Authority Health Services.

(Part III of the National Health Service Act, 1946).

(1) General Remarks.

The proposals duly submitted and approved under the National Health Service Act have been fully implemented in Gateshead, although some of the future developments are hanging fire because of the financial limitations.

In general, these services have been very fully used by the citizens and it has become axiomatic that when a public service is initiated it is soon made use of, sometimes producing a snowball effect. The home help and day nursery services are examples of costly items of public expenditure, for which little recompense is received from the user.

The dental staff of the local authority, which is responsible for the dentistry of children of all ages and for nursing and expectant mothers, has been well maintained at 75 per cent of the strength. There is still lacking the services of a fourth dental officer, and it seems unlikely that the position will be filled in present circumstances.

The arrangements for vaccination and immunisation are available, but it cannot be said that the public are taking advantage of these two methods of protection against serious epidemic disease.

One feature which must be commented upon since the appointed day is the growth of the waiting list of tuberculous patients requiring sanatorium treatment, and the difficulty in securing accommodation for the chronic sick who have to be nursed and cared for in their own homes. The latter difficulty is quite novel and reflects the upgrading of the chronic wards now in progress at Bensham Hospital, and the availability of Bensham Hospital for the urban and rural areas surrounding Gateshead and Felling in the area of the Management Committee. It is difficult to see how this question of the care of the infirm and aged can be properly faced, when it has been divided among so many different agencies.

The Local Authority is concerned from the point of view of the Welfare Services Committee, which is responsible for the hostel accommodation, and from the point of view of the health and sanitary committee, which is responsible for the nursing care and domestic help given to such patients in their own homes. The Regional Hospital Board is responsible, of course, for the institutional care of the sick, and the National Assistance Board has a financial obligation to the chronic sick in their own homes. That the same position has not arisen in connection with tuberculosis is due to the retention of the tuberculosis chest physician, part-time, by the Local Authority as the officer responsible for the care and after-care of Gateshead patients as well as his main responsibility of treating the sick in Whinney House Hospital and Bensham Hospital.

In the field of the mental health services, a substantial improvement has followed the attendance of the consultant in mental illness and mental deficiency respectively at the rooms of the duly authorised officers, to give advice and confer on the care to be given to the patients.

During the year, further steps were taken to secure better liaison between the local authority and the local hospital services. The orthopaedic scheme has been re-habilitated completely under the direction of Mr. A. E. Bremner. Dr. T. Parkin, the dermatologist, holds a weekly consultant session in the health centre, where his services have been specially valuable in the treatment of ringworm of the scalp, and the antenatal clinics of the Queen Elizabeth Hospital have also been held in the Greenesfield Health Centre, thus keeping up the close co-operation between the local authority and the local hospital.

(2) Clinics and Welfare Facilities (as at 31st December, 1950).

(1) Greenesfield Health Centre :—

school Clinic	...	...	9 a.m.—9.30 a.m. daily. 4 p.m. to 5 p.m. daily—except Saturdays.
Infant Welfare Centre	...	...	2 p.m. to 5 p.m.—Tuesday and Thursday.
Ante-natal Clinic	...	...	2 p.m. to 5 p.m.—Wednesday. 2 p.m. to 5 p.m.—Friday.
Post-natal Clinic	...	...	9 a.m. to 12 noon—Friday.
Chest Clinic	...	...	9 a.m. to 5 p.m. daily (Saturday open until 12 noon only). Also once per month on Wednesday from 5 p.m. to 6.30 p.m.
Dental Clinic	...	...	9 a.m. to 5 p.m. daily (by appointment). Saturday—9 a.m. to 12 noon.
Orthopaedic Clinic	...	...	Weekly—by appointment.
Ophthalmic Clinic	...	...	By special appointment.
Artificial sunlight treatment	...	...	Daily (by appointment).
Immunisation Clinic	...	...	Thursday—2 p.m. to 4 p.m. Saturday—9 a.m. to 12 noon (school children).

(2) Gateshead District Nurses' Home :—

Ante-natal Clinic	...	...	Tuesday—2 p.m. to 4.30 p.m. (District Nurses' cases only).
Post-natal Clinic	...	...	Friday 2 p.m. to 4.30 p.m. (Monthly, 1st Friday).

(3) Bensham Methodist Church Hall :—

Infant Welfare Centre	...	...	2 p.m. to 5 p.m. Tuesday and Thursday (Medical sessions).
Immunisation and Vaccination	...	...	2 p.m. to 4 p.m. Tuesday (fortnightly).

- (4) Presbyterian Church Hall, Low Fell :—
 Infant Welfare Centre ... 2 p.m. to 5 p.m.—Mondays and Wednesdays
 (medical sessions).
 Immunisation and Vaccination ... Monthly—1st Wednesday—2 p.m. to 4 p.m.
- (5) Moore Street Methodist Church Hall :—
 Infant Welfare Centre ... 2 p.m. to 5 p.m.—Monday (Medical session).
 Immunisation and Vaccination ... Monthly, last Monday—2 p.m. to 4 p.m.
- (6) Wrekenton Miners' Welfare Hall :—
 Ante-natal Clinic and Infant Welfare
 Centre ... 2 p.m. to 5 p.m.—Monday.
 Immunisation and Vaccination ... Monthly, 1st Monday—2 p.m. to 5 p.m.
- (7) Victoria Road Methodist Church Hall :—
 Infant Welfare Centre ... 2 p.m. to 5 p.m. Friday.
 Immunisation and Vaccination ... Monthly, 1st Friday—2 p.m. to 4 p.m.
- (8) Carr Hill :—
 Infant Welfare Centre ... Wednesday—2 p.m. to 5 p.m.
 Immunisation and Vaccination ... Monthly, 1st Wednesday—2 p.m. to 4 p.m.
- (9) Lobley Hill, Beechwood Avenue, Methodist Church Hall :—
 Infant Welfare Centre ... Thursday—2 p.m. to 5 p.m.
 Immunisation and Vaccination ... Monthly, 1st Thursday—2 p.m. to 4 p.m.
- (10) Queen Elizabeth Hospital :—(Patients seen by appointment only).
 Consultations with Visiting Surgeons Monday—9 a.m., Tuesday—1.30 p.m.,
 Wednesday—9 a.m., Thursday—9 a.m.,
 Friday—9 a.m., Saturday—9 a.m.
 Consultations with Visiting
 Physicians ... Tuesday—9.30 a.m. and 2.30 p.m.
 ... Friday—9.30 a.m.
 Orthopaedic Clinic ... Wednesday—10.30 a.m.
 Gynaecological Clinic ... Tuesday—2.15 p.m.
 Dermatological Clinic ... Mondays and Fridays—2 p.m.
- (11) Out-Post Clinics of the Queen Elizabeth Hospital :—
 Greenesfield Health Centre ... Monday—p.m., Tuesday—a.m., Thursday—
 a.m. (Ante-natal cases only).

(3) Maternity and Child Welfare.

(a) Births.

There were 2,117 live births registered during 1950. Of the total live births 1,077 were males and 1,040 females. This represents a birth rate of 18.3 per 1,000 of the population, showing a decrease of 1.4 per 1,000 from 1949. 82 births (40 males and 42 females) or 3.8 per cent were illegitimate.

<i>Attended by</i>				<i>No. of Live Births</i>	<i>No. of Still Births</i>
Doctors	...	...	...	403	8
Midwives	...	...	...	588	15
Princess Mary Maternity Hospital :—					
(a) In wards...	...	...	...	20	2
(b) At home	...	...	...	9	—
Bensham Hospital...	...	...	...	407	9
Queen Elizabeth Hospital	...	...	...	618	18
Craigielea Nursing Home	...	...	...	18	—
Other Nursing Homes	...	...	...	54	1

In 353 of the doctors' cases a registered midwife was in attendance as a maternity nurse.

Stillbirths.

There were 53 stillbirths during the year, of these 28 were males and 25 females.

(b) Infantile Mortality.

There were 101 deaths among infants under the age of one year, giving an infantile mortality rate of 47·7, which is only slightly less than last year.

51 infants, or 50 per cent of the total deaths, died under the age of one month, 38 being during the first week. Of these, 21 were due to premature birth.

There were 50 deaths among babies over the age of one month. Bronchitis, pneumonia and enteritis caused the majority of the deaths. Enteritis is still causing a large number of deaths among these young infants ; additional hospital beds for the treatment of enteritis and pneumonia in young children will shortly be available in Sheriff Hill Hospital.

INFANTILE MORTALITY DURING THE YEAR 1950.**Nett Deaths from Stated Causes at Various Ages under 1 year of age.**

CAUSE OF DEATH		Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under four weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year		
											M.	F.	T.
All Causes	Certified	37	7	4	2	50	12	14	12	4	43	49	92
	Uncertified	1	—	—	1	1	2	3	1	2	1	8	9
Smallpox.....		—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox		—	—	—	—	—	—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever		—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough		—	—	—	—	—	—	1	1	—	1	1	2
Diphtheria and Croup		—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas		—	—	—	—	—	—	—	—	—	—	—	—
Ac. Inf. Encephalitis.....		—	—	—	—	—	1	—	—	—	—	1	1
Influenza.....		—	—	—	—	—	—	—	1	—	—	1	1
Pulmonary tuberculosis		—	—	—	—	—	—	—	—	—	—	—	—
Other tuberculous Diseases		—	—	—	—	—	—	—	—	—	—	—	—
Meningitis—not T.B.		—	—	1	—	1	—	—	2	—	1	2	3
Convulsions		—	—	—	—	—	—	3	—	1	1	3	4
Bronchitis		—	—	—	—	—	1	—	1	—	—	2	2
Pneumonia		—	1	—	1	2	2	5	3	1	5	8	13
Diarrhoea }		—	—	—	—	—	—	—	—	—	—	—	—
Enteritis }		—	—	1	—	1	8	1	4	2	7	9	16
Gastritis		—	—	—	—	—	—	1	—	—	—	1	1
Syphilis		—	—	—	—	—	—	—	—	—	—	—	—
Rickets		—	—	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)		—	—	—	1	1	—	1	—	—	1	1	2
Injury at birth		9	—	—	—	9	—	—	—	—	5	4	9
Atelectasis		1	—	—	—	1	—	—	—	—	—	1	1
Congenital defects		3	2	1	—	6	1	3	—	—	5	5	10
Premature birth		17	4	—	—	21	1	—	—	—	11	11	22
Marasmus		1	—	—	—	1	—	—	—	—	1	—	1
Haem.Disease		2	—	—	—	2	—	—	—	—	1	1	2
Miscellaneous.....		5	—	1	—	6	—	2	1	2	5	6	11
Totals		38	7	4	2	51	14	17	13	6	44	57	101

County Borough of Gateshead.
INFANTILE MORTALITY per 1,000 live births

1871-1950

AVERAGE INFANTILE MORTALITY RATES

1871-1880
172

1881-1890
161

1891-1900
174

1901-1910
149

1911-1920
127

1921-1930
96

1931-1940
81

1941-1950
59

Rate per
1,000 live
births

240

200

160

120

80

40

GATESHEAD

ENGLAND & WALES

1870

1880

1890

1900

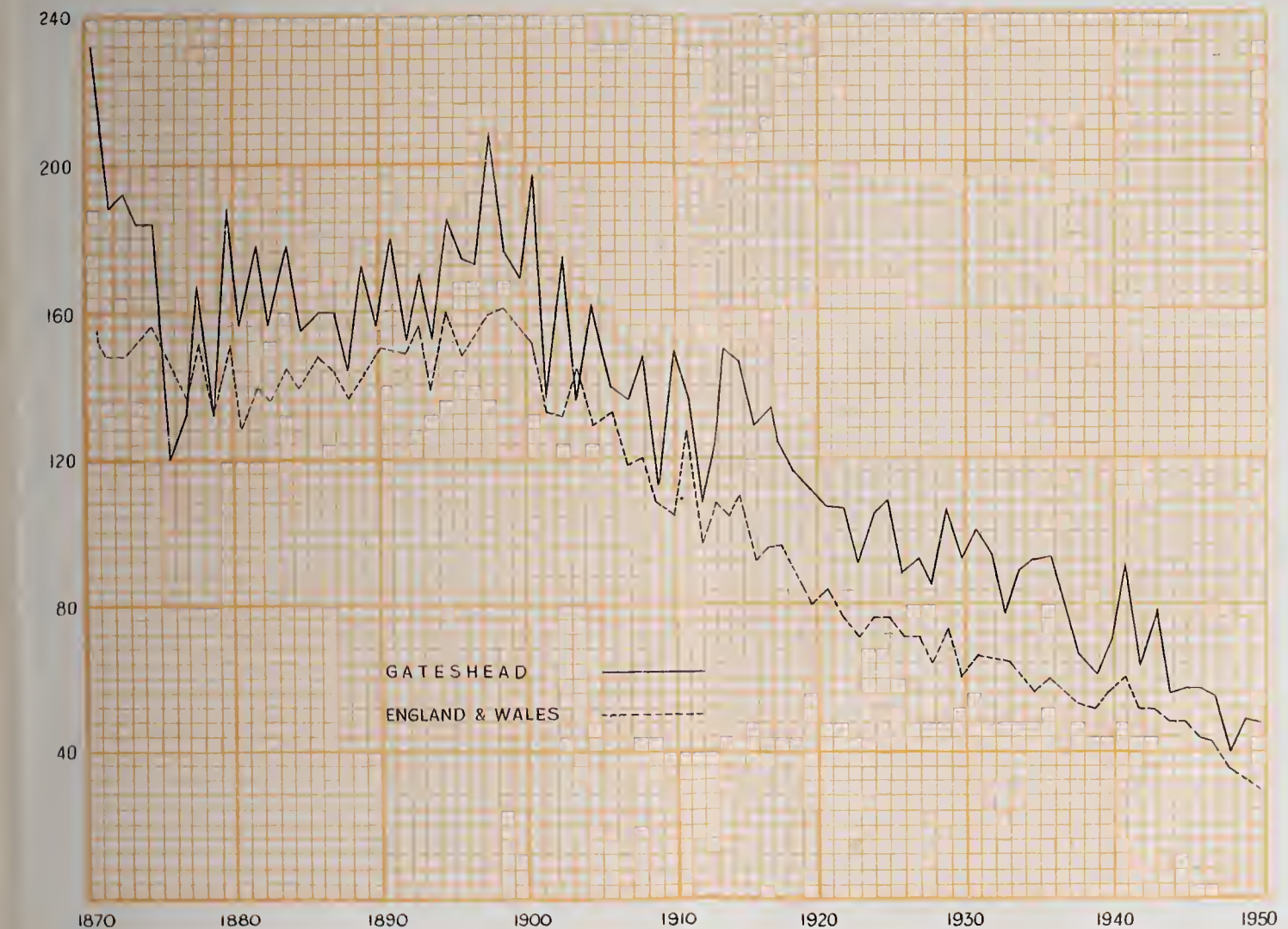
1910

1920

1930

1940

1950



(c) Child Welfare Clinics.

<i>Centre</i>	<i>No. of Sessions</i>	<i>First Visits of Infants</i>	<i>Revisits of Infants</i>	<i>First Visits of Children 1—5 years</i>	<i>Re-Visits of Children 1—5 years</i>
Greenesfield	97	348	1791	250	1189
Bensham	97	336	2925	204	1574
Moore Street	47	173	1240	90	685
Low Fell	98	187	2619	151	1277
Victoria Road	51	135	928	53	609
Wrekenton	47	77	692	59	447
Lobley Hill	50	93	1125	88	534
Carr Hill	51	103	1293	74	647
Totals.....	538	1452	12613	969	6962

	<i>No. of Attendances</i>	<i>Average Attendance at Doctors' Sessions</i>	<i>Infant Examinations by Medical Officer</i>	<i>Average No. of Consultations per Session</i>
Greenesfield	3578	36·8	1347	14·4
Bensham	5039	51·9	1628	16·8
Moore Street	2168	46·1	658	14·0
Low Fell	4234	43·3	923	10·6
Victoria Road	1784	35·0	444	10·4
Wrekenton	1263	26·8	475	10·2
Lobley Hill	1840	36·8	413	9·6
Carr Hill	2117	41·5	585	13·9
Totals.....	22023	40·9	6473	12·1

Treatment.

During the year 400 children were referred to the minor ailments clinic, and made 1,158 attendances.

The conditions treated were as follows :—

Ringworm—Head	3	Conjunctivitis... ..	31
Body	2	Keratitis and Corneal Ulcers	—
Scabies	2	Other Eye Conditions	53
Impetigo	11	Otitis Media	20
Septic sores	10	Other Ear Conditions	6
Eczema and dermatitis	15	Diphtheria Carriers	—
Other skin conditions	89	Other Defects	153
Blepharitis	2		

56 children were referred to the refraction clinic ; the following are the particulars :—

No. of appointments made...	56
No. of appointments kept	48
No. for whom spectacles were prescribed	37
No. who obtained spectacles	34

(d) Nursery Schools.

Bensham Nursery School and Prior Street and Brighton Avenue Nursery Classes continued to care for a number of children between the age of 2 and 5 years.

Each school has on its register a full complement, namely 80 in the case of Bensham and 30 in Prior Street and Brighton Avenue. There are large waiting lists for all three schools.

Priority admission was given to the children where the mother was employed or in ill-health.

A health visitor made weekly visits to treat minor ailments and one of the school medical officers made regular visits to examine the children medically.

(e) Day Nurseries.

The four day nurseries, with a total of 290 places, were full all the year, and there are long waiting lists of children awaiting admission at each nursery.

Priority is given to the children of widows or others who must have regular work in order to maintain their homes.

The children were examined medically and dentally during the year.

On the whole very few medical defects were found, but the condition of the children's teeth is not quite so good as it was in the early days of the nurseries.

The following is a list of the infectious diseases which have occurred in the nurseries during the year :—

Measles	...	...	86	Scarlet fever	...	...	1
Chickenpox	...	...	22	Mumps	...	...	28
Whooping cough	...	...	4	Dysentery (Sonne)	...	...	23

The figure for dysentery includes a number of symptomless carriers of the disease. Sampling of faeces among the families of the children revealed a number of carriers of dysentery. The children were not allowed back into the nursery until they had two negative samples of faeces and the rest of the family were negative.

(f) Milk and Other Food sold during 1950.

2,479 packets of dried milk, 1,375 half pounds of Virol, 339 half pounds of Numol, 43 pounds of Malt and Oil, 889 tins of Maltoline, 126 tins of Ovaltine, 208 jars of Vimaltol, 30 tins of Groats, 40 tins of Oatova, 31 packets of Barley, 1,199 bottles of Adexolin.

Receipts amounted to £632 11s. 0½d. against a cost of £632 11s. 0½d.

(g) Infant Life Protection.

(Public Health Act, 1936—Secs. 206-220).

On January 1st, 1950, there were 6 children on the register, 5 males and 1 female.

On October 9th, 1950, this register was handed over to the Children's Officer. There were the same 6 children, 5 males and 1 female on the register.

One of the children was undergoing treatment in a sanatorium and doing well.

(h) Care of Premature Infants.

During the year, 138 premature infants were born alive to Gateshead mothers. The particulars were as follows :—

<i>Place of Birth</i>	<i>No. of Births</i>	<i>Deaths under 1 month</i>	<i>Deaths under 1 year</i>	<i>Alive</i>
At Home	52	6	6	40
Queen Elizabeth Hosp.	53	3	6	44
Bensham Hospital.....	30	2	5	23
Princess Mary Hospital	1	—	—	1
Newcastle General Hospital	2	—	—	2
	138	11	17	110

Of the 52 premature infants who were born at home, the following are the particulars :—

<i>Weight at Birth</i>	<i>Total</i>	<i>Died under 24 hours</i>	<i>Died under 28 days</i>	<i>Alive</i>
2 lbs. 3 ozs. or less :— 1000 gms or less ...	1	1	—	—
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs. 1000 gms—1500 gms ...	6	3	2	1
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. over 1500 gms—2000 gms	11	—	2	9
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. over 2000 gms—2250 gms	14	1	1	12
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. over 2250—2500 gms ...	20	1	1	18
Totals ...	52	6	6	40

The whole-time premature baby nurse paid 1,162 visits during the year, and the part-time nurse paid 602 visits, making in all 1,764 visits.

This service has been a means of saving the lives of some of the small infants, and is greatly appreciated by the mothers.

Cots, blankets, hot water bottles, etc. were lent to the parents on 37 occasions.

The very small infant does not appear to have a very good chance of survival at home ; a premature baby unit in one of the hospitals would be a great help in the preservation of life among these very small infants.

(i) **Care of Illegitimate Children.**

There were 82 illegitimate live births in the Borough in 1950, 40 males and 42 females.

The following is a summary of the particulars of these :—

<i>Total No. of Children</i>	<i>Living with mother or near relative</i>	<i>In Residential Nursery</i>	<i>Child adopted</i>	<i>Left the District</i>	<i>Dead</i>	<i>Children living with mother or near relative</i>	
						<i>Children well cared for in good home</i>	<i>Home con- ditions poor but child thriving</i>
82	68	4	1	2	7	52	16

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from various parts of the country.

Arrangements are also made through the Health Department for girls to be received in homes out of the town and payment is made for them by the Local Authority.

The mothers accommodated at St. Faith's Home attend the Hospital ante-natal clinic, and arrangements are made for them to be confined in the Bensham General Hospital or at St. Monica's Home, Bishop Auckland, while a few go to Hopedene, Newcastle upon Tyne.

The health visitors pay particular attention to the illegitimate babies.

It will be seen that in Gateshead a large proportion of the illegitimate children remain at home and are looked after by their mother or relatives.

(j) **Ophthalmia Neonatorum.**

There were 2 cases notified during the year, both were treated at home and made a good recovery. The vision was unimpaired in both cases.

(k) **Ultra-Violet Ray Therapy.**

139 new cases and 153 old cases attended the clinic for treatment and made 1,389 attendances. They were treated for the following defects :—

Rickets	Bronchitis
Anaemia	Anorexia
Debility and not gaining weight	Adenitis
Sub-normal nutrition	Nasal Catarrh
	Urticaria

76 completed the treatment ; 73 were improved, while 3 showed no improvement.

(l) **Hospital Treatment for Ailing Children.**

Children found at the welfare centres to be suffering from defects are sent to :—

The Children's Hospital, Gateshead.
 The Children's Department of the Royal Victoria Infirmary.
 The Queen Elizabeth Hospital, Gateshead.

During the year, 10 children were referred to the Queen Elizabeth Hospital for operation for enlarged tonsils and adenoids.

68 children were referred to the Gateshead Children's Hospital, for the following reasons :—

Phimosis	...	...	...	37
Injuries to limbs	...	...	...	4
Umbilical or inguinal hernia	...	...	...	8
Miscellaneous	...	...	...	19

29 children were sent to the Department of Child Health at the Royal Victoria Infirmary, Newcastle, for the following reasons :—

Naevus	...	...	...	4
Eye Conditions	...	...	...	5
Digestive disturbances	...	...	...	16
Miscellaneous	...	...	...	4

(m) Exceptional Children.

The following list of special cases among children under 5 years receive extra attention from the health visitors, who see that treatment is obtained where necessary.

At the age of two years, the names of the children, among these cases, who are likely to require special educational facilities, are passed on to the school medical service, so that suitable arrangements can be made as early as possible.

Congenital defects	...	...	...	22
Orthopaedic cases	...	...	...	105
Deaf or Deaf and Dumb	...	...	...	3
Speech defects	...	...	...	10
Hare lip or cleft palate	...	...	...	12
Mentally retarded	...	...	...	28
Eye defects	...	...	...	93
Miscellaneous	...	...	...	24
				<hr/> 297 <hr/>

The congenital defects comprised :—

Imperforate anus	...	...	...	1
Spina bifida	...	...	...	2
Hermaphrodite	...	...	...	1
Achondroplasia	...	...	...	1
Congenital heart disease	...	...	...	6
Congenital amputation	...	...	...	3
Defective hands	...	...	...	2
Minor malformations	...	...	...	6

Orthopaedic Cases.

Talipes	16
Erb's paralysis	3
Deformity of leg	2
" " hands	1
" " knee	1
" " feet	2
Paralysis of leg	2
Genu Valgum	27
Genu Varum	11
Flat feet	7
Paralysis of face	1
" " arm	1
Birth injury to clavicle	1
Paresis arm	1
Walking badly	4
Torticollis	2
Infantile paralysis sequelae	16
Injury to fingers	1
Tuberculosis hip	1
Flaccid condition of legs	1
Webbed fingers	2
Rickets	2

Mentally Retarded.

Mongols	10
Epilepsy	3
Backward	14
Mentally retarded and partially blind	1

Miscellaneous.

Collapsed lung	1
Fits	1
Hernia	1
Result of T.B. Meningitis	1
Primary complex	7
Bronchiectasis	1
Asthma	1
Coeliac disease	4
Little's disease	1
Tuberculous disease, bowels or joints	2
Nephritis	1
Rickets	1
Paralysis of face	1
Deformed skull	1

Eye Defects

Strabismus	80
Ptosis	4
Conjunctivitis	4
Congenital cataracts	2
Blocked lachrymal duct	1
Blind	1
Nystagmus	1

(4) Midwifery Service.**(a) Midwives.**

47 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows :—

Municipal midwives	13
District Nurses' Home	9
Private	3
Queen Elizabeth Hospital	12
Bensham Hospital... ..	8
Princess Mary Maternity Hospital	2

The following is a summary of the work of the Supervisor of Midwives, Mrs. M. A. Bolam :—

Routine visits to midwives	...	25
Special ...	...	18
Visits to still births	...	44
Visits after neo-natal deaths	...	21
Nursings and deliveries supervised	...	16
Visits to cases of ophthalmia neonatorum	...	3
Visits to premature babies	...	93
Special visits	...	41
Unsuccessful visits	...	32
Routine interviews with midwives	...	328
Attendances at ante-natal clinics	...	75

The routine visits to midwives were paid to those practising domiciliary midwifery and inspections were made of their register of cases, temperature charts, ante-natal records, bags and appliances. At the end of the year, there were 11 full-time midwives on the staff and one premature baby nurse. At the District Nurses' Home, there were one assistant superintendent, 5 midwives and 3 pupil midwives.

(b) Ante-Natal Care.

Summary of Work at Clinics.

The following is a summary of the attendances at the various clinics :—

<i>Centre</i>	<i>No. of Sessions</i>	<i>No. of 1st Visits</i>	<i>No. of Revisits</i>	<i>Total Attendances</i>	<i>Average per Session</i>
Greenesfield	108	483	1269	1752	16.2
District Nurses' Home ...	48	227	315	542	11.3
Totals ...	156	710	1584	2294	—

12 mothers were advised to consult their own doctors and 7 were sent to the Queen Elizabeth Hospital. Blood was taken for routine Wassermann and Rhesus tests at the municipal clinics and at the Queen Elizabeth Hospital. In all, 1,530 specimens were tested and 15 women were found to have a positive Wassermann reaction.

(c) Maternal Welfare.

Maternal Mortality.

There was one death associated with pregnancy during the year.

The following are the particulars :—

<i>Case</i>	<i>Age</i>	<i>Cause of Death</i>
1	21	Pulmonary air embolism following the use of a Higginson's Syringe in attempting to procure abortion. Manslaughter. Inquest.

(d) Puerperal Pyrexia.

The following is an analysis of the cases notified under the regulations :—

<i>Case No.</i>	<i>Attendance</i>	<i>Removed to Hospital</i>	<i>End Result</i>	<i>Remarks</i>
1	Midwife	No	Cured	Pyelitis following normal delivery.
2	Midwife	No	Cured	Perineal laceration : sutured.
3	Doctor	Yes	Cured	Normal delivery : rise of temperature 9th day.
4	Doctor	Yes	Cured	Normal delivery : Rise of temperature 5th day. sub-involution of uterus : foul lochia.
5	Hospital	—	Cured	Normal delivery, perineum sutured : Rise of temperature 7th day : pyelitis.
6	Hospital	—	Cured	Forceps delivery : episiotomy, urinary infection.
7	Hospital	—	Cured	Normal delivery : developed mastitis.
8	Hospital	—	Cured	Normal delivery, perineum sutured, 7th day rise in temperature due to broncho-pneumonia.
9	Midwife	Yes	Cured	Normal delivery : Rise of temperature due to parametritis and pelvic abscess.
10	Doctor	No	Cured	Footling presentation : perineal laceration ; manual removal of placenta : post-partum haemorrhage. Developed phlebitis.
11	Doctor	No	Cured	Normal delivery : Rise of temperature coincided with flushed breast.
12	Midwife	No	Cured	Normal delivery : patient had a cold.
13	Hospital	—	Cured	Normal delivery : pyelitis.
14	Midwife	Yes	Cured	Normal delivery : patient had pneumonia.

(e) Emergency Cases.

In 183 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 153 cases, the medical aid was for the mother for the following emergencies :—

				<i>Doctors called by</i>		
				<i>Municipal Midwives</i>	<i>D.N.A. Midwives</i>	<i>Other Midwives</i>
Lacerated perineum	...	...	...	49	17	—
Prolonged labour	...	...	...	9	6	—
Uterine inertia	...	...	...	2	2	—
Malpresentation	...	...	...	5	2	—
Ante-partum haemorrhage	...	...	...	5	2	—
Post-partum haemorrhage	...	...	...	5	1	—
Retained placenta	...	...	...	5	2	—
Abortion and threatened abortion	...	...	...	—	2	—
Placenta praevia	...	...	...	3	—	—
Puerperal pyrexia	...	...	...	1	11	—
Rise of blood pressure	...	...	...	2	—	—
Toxaemia	...	...	...	2	5	—
Mastitis	...	...	...	2	—	—
Engorgement of breasts	...	...	...	—	4	—
Phlebitis	...	...	...	2	—	—
Severe pain in back and abdomen	...	...	...	1	—	—
Severe pain in chest	...	...	...	1	—	—
Unsatisfactory condition of mother	...	...	...	2	—	—
Prolapsed cord	...	...	...	—	1	—
Septic toe	...	...	...	1	—	—
Persistent cough	...	...	...	1	—	—
Totals	...	...	...	98	55	—

In 30 instances the medical aid was for the infant :—

	<i>Municipal Midwives</i>	<i>D.N.A. Midwives</i>	<i>Other Midwives</i>
Dangerous feebleness of infant ...	3	1	—
Discharging eyes	5	2	—
Jaundice	2	—	—
Bronchitis	1	—	—
Foetal distress	—	2	—
Diarrhoea	2	—	—
Oedema of limbs	1	—	—
Retention of urine	1	—	—
Tongue Tie	2	—	—
Melaena	1	—	—
Cyanosis	4	—	—
Cleft Palate, asphyxia	—	2	—
Haematemesis	1	—	—
Totals	23	7	—

(f) Hospital Accommodation for Maternity Cases.

The following is a summary of the Gateshead cases admitted to the Princess Mary Maternity Hospital during the year :—

Live births	20
Still births	2
Toxaemia	1

Of the 22 births, 21 were delivered normally, and 1 was induced.

There were 416 births to Gateshead mothers in the Bensham General Hospital, and 636 births in the maternity unit of the Queen Elizabeth Hospital.

(g) Nursing Home.

A nursing home situated at Craigielea, Low Fell, is registered to take 8 maternity cases. During the year, 48 cases were delivered in the home. 18 of these were Gateshead patients.

(h) Consultant Aid for Emergency Cases.

During 1950, the emergency teams, provided by the hospital boards, were called out on three occasions.

(i) Midwifery Outfits.

Midwifery outfits containing clothing and bed linen necessary for both mother and infant are loaned out from the antenatal clinic.

During the year 5 patients availed themselves of these outfits.

(j) **Municipal Midwifery Scheme (Midwives Act), 1936.**

The following is a summary of the work done by the municipal midwives :—

<i>Midwife</i>	<i>No. of Cases</i>		<i>No. of Morning Visits</i>	<i>No. of Evening Visits</i>	<i>Ante-Natal Visits</i>
	<i>Attended as Midwife</i>	<i>Attended as Mat. Nurse</i>			
1	26	8	500	92	225
2	36	31	803	166	189
3	16	12	507	106	37
4	30	36	876	170	270
5	49	11	847	199	235
6	41	15	1006	188	359
7	34	26	897	161	225
8	61	6	770	171	295
9	26	16	528	108	264
10	37	17	594	144	263
11	41	19	850	168	275
12	59	8	842	179	237
Totals	456	205	9020	1852	2874

Gas and Air Analgesia was administered to 181 mothers by the municipal midwives, and to 140 mothers by the district nurse midwives.

The district nurse midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them :—

<i>No. of Cases</i>		<i>No. of Morning Visits</i>	<i>No. of Evening Visits</i>	<i>Ante-Natal Visits</i>
<i>Attended as Midwife</i>	<i>Attended as Maternity Nurse</i>			
145	151	4528	1263	2002

The following is a synopsis of the above cases :—

	<i>No. of Cases</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Mis-carriages</i>	<i>Sent to Hospital</i>	<i>Maternal Deaths</i>
Municipal Midwives	661	634	11	—	16	—
District Nurse Midwives ...	296	281	4	9	2	—
Totals ...	957	915	15	9	18	—

There were 5 cases of puerperal pyrexia among the above.

In 183 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

(k) **Post-Natal Clinic.**

This clinic is held at the Greenesfield Health Centre on Friday mornings. During the year, 51 sessions were held, and 139 mothers attended for the first time, and made a total of 161 attendances.

The following conditions were noted :—

Anaemia ...	...	8	Backache	...	2
Vaginal discharge ...	...	5	Cervical erosion	...	3
Cystocele	...	3	Carious teeth	...	5
Haemorrhoids	...	2	Gastro-enteritis	...	1
Subinvolution	...	1			
Cyst vaginal wall	...	1			

Six weeks after the confinement, all mothers who have been attended by a midwife are sent for to attend at the post-natal clinic. All consultations at this clinic are by appointment in order to eliminate any prolonged waiting on the part of the mothers.

(5) Health Visiting.

Work of Health Visitors.

Summary of Home Visits.

<i>Infants</i>		<i>At four months</i>	
Born at full term	...1892	Breast fed	... 564
Prematurely	... 138	Partially breast fed...	80
		Artificially fed	...1198
Visits to Infants under 1 year:—			
First visits after notification	...	2072	
No. of revisits	... ..	6911	
Visits to children 1—5 years		15986	
Visits to Expectant Mothers:—			
First visits	... ..	523	
No. of revisits	... ..	84	
Miscellaneous Visits —			
		<i>1st Visits</i>	<i>Revisits</i>
Puerperal disease ,	...	1	—
Ophthalmia Neonatorum	...	—	—
Measles	... ..	—	—
Diarrhoea	... ..	—	—
Whooping cough	... ..	—	—
Pneumonia	... ..	55	3
Scabies	... ..	—	—
Midwives	... ..	—	—
Tuberculosis	... ..	—	—
German measles	... ..	—	—
Poliomyelitis	... ..	—	—
Meningitis	... ..	—	—
Special cases	... ..	—	—
Ineffective visits	... ..	—	—

The total number of visits by health visitors during the year was 33,558.

Staff.

At the end of the year, there were one superintendent health visitor, one senior health visitor, 14 district health visitors, 2 tuberculosis nurses, one school nurse and 3 auxiliary assistant nurses.

The number of health visitors is considerably below the standard which we hoped to attain. We are now taking part in a training course for health visitors held at Newcastle upon Tyne, and at present have two pupils in training.

HOME HELP SERVICE, 1950.

Month	Ante-Natal Cases			Maternity Cases			Acute Illness			Chronic illness			Tubercular Patients			Total cases attnd	Total days w'ked
	Part time	Whole time	Total cases attnd	Part time	Whole time	Total cases attnd	Part time	Whole time	Total days attnd	Part time	Whole time	Total cases attnd	Part time	Whole time	Total cases attnd		
JANUARY ...	1	2	3	1	35	36	19	19	179	97	38	135	1	2	3	215	2181
FEBRUARY ...	2	4	6	—	16	16	11	18	284	110	53	163	2	3	5	219	2255
MARCH ...	—	8	8	—	16	16	14	24	407	104	32	136	2	2	4	202	2325
APRIL ...	—	5	5	1	19	20	11	23	287	111	30	141	3	4	7	207	1769
MAY ...	3	—	3	—	18	18	9	27	316	118	30	148	3	3	6	211	2049
JUNE ...	3	—	3	—	15	15	9	17	273	136	20	156	4	3	7	207	1869
JULY ...	2	—	2	—	10	10	9	29	142	147	7	154	5	2	7	211	1618
AUGUST ...	4	—	4	1	12	13	4	31	238	153	2	155	4	2	6	213	1638
SEPTEMBER ...	3	1	4	2	20	22	4	25	170	144	—	144	6	1	7	209	1586
OCTOBER ...	4	2	6	1	22	23	2	23	195	167	—	167	9	—	9	230	1625
NOVEMBER ...	3	—	3	—	26	26	3	30	189	159	1	160	8	—	8	230	1767
DECEMBER ...	3	—	3	—	26	26	3	38	220	175	—	175	8	—	8	253	1472

Total individual cases

Total days given

Ante-natal cases ...	...	21	465
Maternity cases ...	...	135	1725
Acute illness ...	...	155	2900
Chronic illness ...	...	340	16213
Tubercular cases ...	...	24	851
		675	22154

(6) Domestic Help.

The attached return summarises the work of the domestic help service in 1950, at the end of which the total staff consisted of 94 persons giving service equivalent to about 75 full-time helps. By a decision of the Council, the number of persons employed in this service was limited to 100, and the department discouraged from further expansion of the service because of the financial implications. The expenditure on this service during the financial year amounted in toto to £21,415, and only £1,120 was recovered, owing to the very generous scale adopted by the Corporation and the peculiarity of its operation, which is limited to the assessment of the householder, whether or not he is the patient for whom the help is given.

A great difficulty at the end of the year followed on the prevalence of influenza, which affected the domestic help service at the time when it was specially needed for the care of influenza cases at home. To meet this difficulty the Council have authorised the employment of seasonal home helps consisting of tried workers who are willing to give assistance when the need is specially great, as in times of epidemic illness. This affords also a considerable economy in the cost of the home help service.

The care of the tuberculous in their homes has been met by seeking volunteers from the workers, and these are put on to this work after X-ray examination by the chest physician and are given a special leave of absence on the conclusion of a three months' tour of duty.

The service of male home helps has been invaluable in the care of old men who are being looked after in their own homes, and they have proved to be very reliable workers.

(7) Home Nursing.

The Borough is dependent on the Agreement with the Gateshead Nursing Association for the nursing care of the invalids at home, except in the village of Wrekenton, which is still serviced by the Wrekenton, Eighton Banks and Springwell Nursing Association affiliated to Durham County, Gateshead paying half the cost of the district nurse. The Gateshead District Nursing Association is also providing a service of domiciliary midwifery in the Borough, the two services being kept distinct. So far as the training of district nurses is concerned, Gateshead is one of the established training centres for the Queen's Certificate.

The staff employed by the Gateshead District Nursing Association at the end of the year consisted of a superintendent, an assistant superintendent, 5 midwives, 2 pupils, 13 general nurses, 2 male nurses and 1 assistant nurse.

The following table shows a sharp increase in the work done on behalf of the sick in their own homes. The increase is mainly in the care of the chronic sick, but in Gateshead itself there was an additional demand for acute illness and a lessened demand for maternity home nursing.

Home Nursing Service, 1950.

<i>cases Nursed</i>	Gateshead and District Nursing Association.							
	<i>Acute Illness</i>		<i>Maternity</i>		<i>Chronic Illness</i>		<i>Total</i>	
	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>	<i>Cases Nursed</i>	<i>Visits</i>
No. on books at 1st Jan., 1950	47		11		157		215	
No. nursed in								
January ...	104	1166	44	717	216	2530	364	4413
February ...	126	1100	40	754	211	2452	377	4306
March ...	111	1176	35	694	208	2386	354	4256
April ...	105	1014	32	649	191	2372	328	4035
May ...	130	1432	44	749	194	2583	368	4764
June ...	125	1335	34	716	199	2285	360	4336
July ...	141	1176	40	684	189	2132	370	3992
August ...	132	1307	47	683	191	2215	370	4205
September ...	143	1363	42	603	189	2231	374	4197
October ...	150	1378	48	762	194	2351	392	4491
November ...	147	1277	44	745	204	2491	395	4513
December ...	162	1329	37	576	225	2616	424	4521
No. on books at 31st Dec., 1950	64	—	12	—	174	—	250	—
Total cases nursed and visits paid during the year	985	15053	346	8332	638	28644	1969	52029

Durham County Nursing Association.

(Wrekenton and Springwell Branch)

No. on books at 1st Jan., 1950	4				9		13	
No. nursed in								
January ...	10	—	—	—	13	—	23	219
February ...	14	—	—	—	11	—	25	185
March ...	15	—	—	—	16	—	31	262
April ...	18	—	—	—	16	—	34	250
May ...	16	—	—	—	17	—	33	215
June ...	13	—	—	—	14	—	27	214
July ...	10	—	—	—	15	—	25	222
August ...	9	—	—	—	15	—	24	221
September ...	11	—	—	—	14	—	25	185
October ...	9	—	—	—	17	—	26	222
November ...	12	—	—	—	17	—	29	233
December ...	12	—	—	—	15	—	27	235
No. on books at 31st Dec., 1950	7	—	—	—	10	—	17	—
Total cases nursed and visits paid during the year	65	—	—	—	72	—	137	2663

(8) Vaccination and Immunisation.

(a) Vaccination.

During 1950, 615 persons were vaccinated and 241 revaccinated, including 465 infants under 1 year and 57 children aged 1-4 years, 49 school children and 285 adults. 218 of the revaccinations were of adults. Out of 2,117 infants born in 1950, it would appear that only 465, *i.e.* 21·4 per cent could have been vaccinated. This compares with the figure of 21 per cent in the previous year.

In present circumstances, the danger of smallpox raging in epidemic form appears to be dependent only on its introduction into the country. There is thus lost the double safeguard, which should be an effective barrier against any renewed prevalence of this deadly epidemic disease.

Of the total number of vaccinations, 375 were carried out by the Local Authority staff and the remainder by the family practitioners.

No case of generalised vaccinia or post-vaccinal encephalitis came to light during 1950, nor was there any death from a complication of vaccination.

(b) Immunisation against Diphtheria.

During 1950, 770 children under 5 years and 398 children of school age, a total of 1,168, completed a full course of immunisation, and 1,015 school children received a secondary "booster" injection to stimulate the immunity mechanism. The number of children under 5 represents nearly 36 per cent of the children born in the area during 1950. 877 complete inoculations against diphtheria were carried out by the Local Authority medical staff and 291 by the local family practitioners.

During the months of August and September, anti-diphtheria inoculation was discouraged on account of the local prevalence of poliomyelitis.

At the end of 1950, out of 10,890 pre-school children, 3,842 (35·2%) had been immunised, and out of 16,860 school children, 11,531 (68·3%) had been protected. Altogether then, 15,373 children (55·3%) have been inoculated against diphtheria out of 27,750.

During 1950, diphtheria was non-epidemic, and there was no mortality from the disease. The prophylactic in use was mainly Burroughs Wellcome alum precipitated toxoid.

(c) Immunisation against Whooping Cough.

During 1950, 743 children were given a complete course of whooping cough prophylaxis, using the combined prophylactic in 633 instances and the whooping cough prophylactic alone in 110.

Of the total of 743 immunised, 467 received their treatment from the Local Authority medical staff and 276 from the general practitioners of the area.

Although the value of whooping cough prophylaxis has not yet been fully assessed, there is a clinical impression that the prevalence of virulent whooping cough has been less severe than was formerly the case in Gateshead.

Two combined prophylactics were used for simultaneous immunisation against diphtheria and whooping cough, namely the Glaxo product and that made by Messrs. Parke Davis.

(9) Municipal Ambulance Service.

During 1950, the erection of the new municipal ambulance depot continued on a site adjoining and forming part of the centralised hospital site at Sheriff Hill. It is expected that this depot will be ready for use in the latter half of 1951, when it will provide for the garaging of 11 ambulances and 3 sitting case cars, and will be fully equipped for the servicing and repair of the vehicles.

Establishment.

At the end of 1950, the staff consisted of an ambulance officer, Mr. W. Barber, an assistant ambulance officer, Mr. J. Nesbit, together with three senior ambulance drivers, 20 driver attendants and one sitting case car driver. The last named appointment was made in order to enable an experienced driver who had recovered from a serious gastric operation to continue in the service, although he was unable to lift heavy patients by stretcher.

All the personnel continued to have first aid training, and to take the St. John Ambulance Association examination as part of the conditions of appointment. In this work of training the drivers in first aid and ambulance transport, the Corporation is indebted to two volunteer experts, Messrs. Truer and Jefferson, who have very willingly and enthusiastically instructed the men in the practical essentials of the art.

A new clinic ambulance, manufactured by Messrs. Lomas with seating accommodation for 11 patients, was delivered during the year. This has been a prototype for a number of similar vehicles used by other authorities. Two new ambulances of the Morris type with a Lomas body have been ordered for delivery late in 1951, when it is considered that two of the existing ambulances will have become obsolete. These will, however, be retained for possible use in the event of a national emergency.

The operation of radio-control in connection with the Gateshead ambulances is giving extreme satisfaction. It is considered that there is a very considerable saving in the avoidance of "dead" mileage due to vehicles not having to return to the depot for further instructions. Many enquiries have been received concerning the operation of radio control, in which Newcastle and Gateshead were among the pioneer county boroughs.

Work of the Service in 1950.

The following table shows that the number of journeys and of miles entailed in the provision of the municipal ambulance service continues to increase. Much of this increase is due to the wider area from which the hospitals in the Borough draw their patients. In this connection the gynaecological unit at the Queen Elizabeth Hospital makes a special demand, as it services the whole northern region of England, and patients come from districts as far from Gateshead as West Cumberland and the North Riding of Yorkshire.

Nevertheless, there is still some irresponsibility on the part of the public in the way in which the ambulances are demanded and used. Where there is obvious evidence of abuse, the service is withdrawn.

Cost of the Service in 1950.

The annual cost has now reached £18,415, but there is a certain revenue from the charge to other authorities for the return journeys of patients from the Gateshead hospitals. In 1950, this amounted to £1,020, so that the net cost of the service to Gateshead was £17,395.

The charge made to other authorities is the agreed rate of 2/-s. per mile for an ambulance and 6d. a mile for a sitting case car.

The following is a summary of the work carried out by the municipal ambulance service during the year 1950 :—

A. Journeys within the Borough.					<i>Jan. 1st to Dec. 31st, 1950.</i>	
					<i>Patients</i>	<i>Journeys</i>
Serving Queen Elizabeth Hospital	...	...	...	...	15998	12185
Serving Bensham General Hospital and Fountain View	...	...	...	...	3938	3158
Serving the Isolation Hospital	...	...	...	...	1087	1019
Serving Whinney House Hospital	...	...	...	...	362	308
Serving the Children's Hospital	...	...	...	...	834	387
					22219	17057
B. Journeys outside the Borough.						
Serving Hospitals in Newcastle Area	...	...	...	...	5554	4877
Serving Hospitals outside the Borough and Newcastle Area	...	...	...	...	1162	819
Serving distant sanatoria	...	...	...	...	58	35
					6774	5731
C. Disinfections					—	272
D. Inter-hospital transport of patients					1124	847
Inter-departmental transport of supplies					—	654
Midwives' Transport (commenced 11th Dec. 1950)					—	70
					1124	1571

Summary.				<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Ambulance Journeys ...	...	...	...	18185	13396	85395
Sitting Case Car Journeys ...	...	...	...	10808	9462	77405
Inter-hospital and inter-departmental transport ...	...	...	...	1124	1501	6572
Disinfections ...	...	...	...	—	272	1314
				30117	24631	170686
Petrol consumption (in gallons)...	...	...	...	...	...	13033

Staff and Equipment as at 31st December, 1950.

- 1 Ambulance Officer.
- 1 Assistant Ambulance Officer.
- 3 Senior Ambulance Drivers.
- 20 Driver/Attendants.
- 1 Car Driver.
- 7 ambulances.
- 3 sitting cars.
- 1 utility van.
- 1 clinic ambulance.

Journeys and Mileages completed since the Inception of the Service.

				<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
1944	...	...	...		6676	31848
1945	...	...	...		10463	53080
1946	...	...	...		13319	65655
1947	...	...	...		16969	79979
1948	...	...	...		20841	105702
1949	...	...	...	27576	23969	149557
1950	...	...	...	30117	24631	170686

(10) Prevention of Illness, Care and After-Care.

(a) Tuberculosis.

Assistance to tuberculous patients under the Local Authority scheme is summarised below :—

Clothing.

<i>People Assisted</i>	<i>Assistance Given</i>			<i>Referred to W.V.S.</i>	<i>Referred to Red Cross</i>
81	Pyjamas	...	...	32	—
	Suits	...	...	6	—
	Underclothing	...	...	12	1
	Shoes, boots and Slippers	...	...	30	—
	Coats	...	...	3	—
	Nightdresses	...	...	1	—
	Dressing gown	...	...	3	—
	Trousers	...	...	5	—
	Shirts	...	...	12	—
	Clothing	...	...	1	5
	Jersey (pullover)	...	...	2	—
	Vests	...	...	5	—
	Socks	...	...	5	—
	Cardigan	...	...	4	—
	Sandals	...	...	1	—
	Light Mackintosh	...	...	1	—
81				123	5
					1

Invalid Aids.

<i>People Assisted</i>	<i>Assistance Given</i>		
61	Bed and Bedding	...	18
	Blankets	...	—
	Bedpans	...	15
	Portable rubber urinals	...	1
	Urinals	...	7
	Hair mattresses	...	—
	Pillows	...	—
	Sponge rings	...	10
	Back rests	...	16
	Sputum mugs (enamel)	...	5
	Sponge beds	...	2
	Child's cot	...	—
	Wheel chairs	...	5
	Waterproof Sheet	...	3
	Spinal carriage	...	1
	Sheets	...	—
	Crutches	...	2
	Sputum flasks	.....	—
	Mattress covers	...	6
	Air ring	...	6
	Rubber hot water bottle	...	1
Totals 61			98

The invalid aids for the tuberculous are kept separately from those supplied to cases of general illness and are disinfected immediately on return and before re-issue.

In 1950, 31 patients were placed in light employment with various firms through the Ministry of Labour Rehabilitation Officer. 10 others were sent to the Felling Rehabilitation Centre for training, and 1 man was sent to Watford on a watch and clock repairing course.

It does not appear that the Remploy Factory for tuberculous persons will materialise due to the financial position of the country, but attempts have been made to impress on the responsible Ministry of Labour officials, the need for such a provision in the North-East of England. The matter is being dealt with at the highest level.

Acknowledgment must be made of the co-operation of the Assistance Board in the administration of the financial help to the tuberculous, whereby special circumstances have been promptly dealt with by the Board's officers.

Tuberculosis care and after-care is a function of the Invalid Care Sub-Committee, which meets monthly and approves the issue of clothing and the provision of other assistance. This meeting is attended by the Chest Physician, Dr. S. D. Rowlands, who serves the Local Authority to the extent of 3/11ths of his time and the Regional Board for the remainder.

Bad housing conditions affected tuberculous families in Gateshead in common with the remainder of the population, and during 1950, 21 families were rehoused on the recommendation of the Chest Physician. This represents 9.5% of the houses let during the year.

Before the appointed day, the Local Authority ran a bus twice a month for the relatives of tuberculous patients undergoing treatment at Poole Sanatorium. This service has been continued with the Ministry approval, as part of the arrangements for the care and after-care of the tuberculous.

(b) Venereal Diseases.

The close liaison between the former Joint Committee Clinic of Newcastle and the Local Health Authority continues, the tracing of contacts and defaulters being carried out by the superintendent health visitor.

Contacts.

During the year, 11 notifications of contacts were received. 2 males suspected of syphilis were sought and located and persuaded to attend for examination. 9 females were sought, 3 being contacts of syphilis and 6 of gonorrhoea. 7 of these were traced and persuaded to attend for examination, and in the remaining two cases efforts towards tracing the contacts were unsuccessful.

Defaulters.

During 1950, 303 individual cases were followed up, 288 suffering from syphilis, 8 from gonorrhoea and 7 from the double infection. Altogether, these included 497 visits.

With the exception of 7, all the defaulters were persuaded to re-attend. The failures included 3 persons who were unco-operative and 4 elderly persons. All the children sought attended.

Ante-natal cases.

Expectant mothers found at the municipal hospitals and ante-natal clinics to have positive Wassermann tests, were referred for further investigation to the appropriate treatment centres in Newcastle.

(c) Invalid Aids.

During the year, the following assistance was given to 191 patients nursed at home :—

Sponge rings	...	...	...	7
Air rings...	...	...	...	42
Feeding cups (Ideal)	...	...	...	2
Back rests	...	...	...	31
Bedpans ...	...	...	...	41
Male and female urinals	...	...	...	36
Dunlopillo Mattresses	...	...	...	7
Bed cages	...	...	...	17
Rubber sheets	...	...	...	46
Wheel chairs	...	...	...	2
Crutches	...	...	...	7
Rubber hot water bottle	...	...	...	1
Iron bedsteads	...	...	...	2
Hair mattresses	...	...	...	2
Air bed and bellows	...	...	...	4
Spinal carriage	...	...	...	1
Bed table	...	...	...	1
Sputum mug	...	...	...	1

(d) General Remarks.

Reference has already been made to the close liaison that exists between the health department and the welfare services of Gateshead in the care of sick persons living at home.

The provision of convalescent holiday treatment for invalids is now an established service of the Local Authority for persons who are unable to secure the necessary accommodation otherwise. So far the demand for this type of holiday has not been overwhelming.

During 1950, 19 persons made application for convalescent treatment, and were dealt with as follows :—

4 cases were admitted to Silloth Convalescent Home.

11 cases were admitted to Procter Memorial Home, Shotley Bridge.

*1 case was admitted to Brentwood Recuperation Centre.

*1 case was admitted to Rose Joicey Convalescent Home, Whitburn.

2 applications were withdrawn at the request of applicants.

* These cases were each accompanied by a child.

The cost of the service was £131 17s. 2d., and the sum of £18 12s. 7d. was assessed as the amount recoverable from recipients. Of this sum £13 13s. 9d. was recovered.

In 14 cases no charge was made after assessment. In 3 cases applicants were assessed as liable to pay part of the cost.

(11) Mental Health Services.

i. (a) Administration.

The general care of the mentally defective is continued along the lines of the previous report. There was, however, an innovation, whereby from early in March, 1950, Dr. Bamford, Consultant Psychiatrist in charge of St. Mary's Hospital, Stannington, conducted a weekly conference with the duly authorised officers, at which his advice was given on the disposal of difficult cases. From May, 1950, the services of Dr. G. McCoull, the consultant in charge of the colony at Prudhoe and Monkton Hall Hospital for mental defectives similarly began a monthly visit, at which the defectives requiring institutional care were examined and assigned their places on the waiting list if found suitable for institutional care.

So far as Gateshead is concerned, therefore, the Ministry of Health suggestion in regard to consultant help for the medical officer of health in these mental welfare duties has been fulfilled.

The general work of the mental welfare workers comes under the mental health sub-committee of the health and sanitary committee of the corporation. Its constitution in 1950 was as follows :—

Chairman : Ald. P. S. Hancock, O.B.E.

Vice-Chairman : Ald. J. T. Etherington.

His Worship the Mayor : Ald. S. G. B. Tyrrell.

Ald. W. F. Barron.
 Ald. J. Hutchison.
 Coun. Mrs. M. Bell.
 Coun. A. Crossley.

Coun. Mrs. E. A. Hardy.
 Coun. Mrs. A. Hutchison.
 Coun. J. W. Roberts.
 Coun. B. N. Young.

Meetings are held every month a week before the full health committee.

(b) **Staff.** The staff directly employed in the mental health services consists of four duly authorised officers, one of whom is senior and takes charge. One of the officers is a woman and experienced in mental nursing.

The arrangements whereby the services of the staff employed by the National Association for Mental Health undertook the after-care of patients discharged from mental hospitals outside the region continued during 1950, but it was evident that this body would not be able to continue the service in 1951, so that arrangements were made to transfer the work to the local mental health workers early in 1951.

(c) **Co-ordination with Hospital Boards and Hospital Management Committees.**

Most of the liaison between the local authorities and the bodies responsible for the accommodation of mental defectives takes place at the officer level. In this respect, the work of Dr. Hurley, Regional Psychiatrist, must be acknowledged, along with the services given by Drs. Bamford and McCoull.

In the after-care of mental defectives, the local authority officers collaborate with the institutions in the supervision of cases on licence or discharged.

The duly authorised officers attended no training course in 1950, as they had all attended a course in 1949. It is proposed, however, to continue refresher courses for these officers.

ii. **Work done in 1950.**

The duly authorised officers provide a day and night service 7 days a week through a rota which ensures the availability of at least two officers. The bulk of the work connected with mental illness has been to undertake the removal of patients to hospital, and the necessary legal procedure. At the same time, the officers have been responsible for many references of mentally ill patients to the psychiatric clinics, and cases which are once brought to their notice continue to have subsequent supervision, if they are not at once removed to the mental hospital.

In connection with the welfare of mental defectives, the present problem is the shortage of institutional accommodation. The waiting list of defectives requiring this type of care is increasing, and constant pressure has been exercised by parents and other interested parties to have these patients sent to a colony as a matter of urgency. There is no doubt that many of the grosser defectives are a tremendous burden to the parents when left at home, and their presence is certainly not conducive to a happy family atmosphere where there are other normal children.

Steps were taken by the local authority towards the establishment of an occupation centre, and conversations were opened with the ecclesiastical authorities for the lease of St. Columba's Hall, in James' Street. This appears, with some adaptation, to be a suitable place for training up to some 40 or 50 defectives. It consists of a large hall with the usual offices and with three very large overhead rooms, which could be used as classrooms. In all probability, the centre will be ready for use in the autumn of 1951.

Mental Illness.

In 1950, 241 persons who were mentally ill were investigated by the duly authorised officer. Of this number, 153 were admitted to hospital, 37 after certification under the Lunacy Acts and 116 as voluntary patients. 88 other cases in whom circumstances required investigation, were not admitted to mental hospital. The great majority of these were senile patients, and 28 were secured admission to local general hospitals. 7 were found accommodation in Fountain View Welfare Hostel. A number of the remaining cases are still being followed up with a view to possible action.

Mental Deficiency.

During 1950, 14 defectives, 4 males and 10 females were ascertained, 7 of these through statutory action under the Education Act and 7 at the instance of the parents. 3 were put in a "place of safety", 4 were placed under statutory supervision, and in 7 cases the action is still pending.

From the list of defectives awaiting admission to institutions, it was only possible to secure accommodation for 8 persons during 1950, 7 of these being removed to Prudhoe and Monkton Hospital and 1 to Northgate Hospital.

At the end of 1950, the position in relation to the mental defectives of the area was as summarised in the table below:—

I. Particulars of Mental Defectives as on 1st January, 1951.

(1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with"				M.	F.	Total
(a)	In Institutions (including cases on Licence)	(under 16 years)		12	8	20
		(over 16 years) ...		71	77	148
(b)	Under Guardianship	(under 16 years)		—	—	—
		(over 16 years) ...		5	5	10
(c)	In "places of safety" ...	... ..		5	5	10
(d)	Under Statutory Supervision	(under 16 years)		22	26	48
	(excluding cases on licence)	(over 16 years) ...		40	42	82
(e)	Action not yet taken under any one of the above headings			1	6	7
Total ascertained "subject to be dealt with" ...				156	169	325
No. of cases included in (b) to (e) above awaiting removal to an Institution				12	10	22
(2) No. of mental defectives not at present "subject to be dealt with" for whom some form of voluntary supervision is maintained ...				4	2	6

II. Particulars of Cases Reported.

(1) Ascertainment.				M.	F.	Total
(a)	Total ascertained defectives "subject to be dealt with"			4	10	14
(b)	Other cases not "subject to be dealt with" ...			—	—	—
				4	10	14
<hr/>						
(2) Disposal of Cases reported during the year.						
(a)	Ascertained defectives found to be "subject to be dealt with"—					
(i)	Admitted to Institutions	...	...	—	—	—
(ii)	Placed under Guardianship	...	...	—	—	—
(iii)	Taken to "places of safety"	...	...	2	1	3
(iv)	Placed under Statutory supervision	...	...	1	3	4
(v)	Died or removed from area	...	...	—	—	—
(vi)	Action not yet taken	...	...	1	6	7
				<hr/>		
Total ascertained defectives found to be "subject to be dealt with" (to agree with total (1) (a) above)				4	10	14
<hr/>						
(b)	Cases not at present subject to be dealt with			—	—	—

III. Mental Defectives off list in 1949.

(a)	Ceased to be under care	...	...	...	—	—	—
(b)	Died, removed from area, or lost sight of	...	...	...	2	3	5
					<hr/>		
Total					2	3	5
					<hr/>		

One unmarried defective gave birth to a child during 1950.

(12) Priority Dental Services.

Report of the Senior Dental Officer.

Treatment of Expectant and Nursing Mothers, and Children under five.

All forms of dental treatment for the above classes of patient were carried out at the Authority's Health Centre, dental department. Details of the service are discussed in the following paragraphs.

(a) Dental Inspection or Examination.

The dental inspection of all new ante-natal patients attending Greenesfield Health Centre is carried out on one session per week. This arrangement has only been in operation since 12th June, 1950. Prior to that date the patients were examined by the Dental Officer of the Queen Elizabeth Hospital and subsequently referred to the Health Centre for treatment. All patients can, if they wish, attend their private practitioners.

Children under five are still referred to the dental department by medical and nursing staffs of the Welfare Centre which they attend. In addition the nursery classes, schools and day nurseries were inspected once during the year.

(b) Dental Treatment.

Expectant and nursing mothers are given conservative treatment, extractions and dentures where necessary. Cases requiring multiple extractions are given this treatment by the Dental Officer at the Queen Elizabeth Hospital and the provision of dentures at the Authority's Health Centre.

Children under five are usually referred to the Health Centre, when they are in pain, and consequently the treatment consists mainly of extractions, when a general anaesthetic is usually given.

(c) Arrangements for the provision of dentures.

All dentures for expectant and nursing mothers are constructed in the Authority's well equipped dental laboratory.

(d) Facilities for X-ray Examination of Patients.

The Authority still has no dental X-ray apparatus at the Health Centre, but the arrangements with the X-ray department of the Queen Elizabeth Hospital are still in force.

(e) General.

The arrangement with the Local Hospital Board, where one of the Authority's dental officers gave part-time service to the local hospitals has been discontinued. It was considered advisable to do this owing to shortage of staff and the inability to cope successfully with the work of the Health Centre.

Tables recording treatment given to Priority Dental Services are appended :—

(a) Numbers provided with Dental Care .—

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally fit</i>
Expectant and Nursing Mothers	966	483	316	298
Children under 5 years ...	504	504	496	411

(b) Forms of dental treatment provided .—

	Extractions	Anaesthetics		Fillings	Scalings or scalings & gum treatment	Silver nitrate treatment	Dressings	X-ray	Dentures Prov.	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	548	130	76	279	116	—	40	3	179	71
Children under 5 years ...	998	1	401	9	—	—	3	—	—	—

(13) Orthopaedic Treatment. Report by A. E. Bremner, F.R.C.S.

25 Orthopaedic Clinics were held at Greenesfield Health Centre during 1950.

New Cases.

84 new cases were examined ; of these 46 were school children, 37 were children under school age, and 1 tuberculosis case.

Cases Already Under Treatment.

In addition 72 old cases made 145 visits to the Orthopaedic Clinic. Of these 47 were school children who made 98 visits ; 23 were children under school age who made 45 visits ; 2 were tuberculosis cases who made 2 visits.

Summary of Defects.

CONGENITAL DEFECTS.				<i>New Cases</i>	<i>Old Cases</i>	<i>Visits</i>
Congenital amputations	...	...	...	1	1	6
Congenital dislocation of hips	...	...	...	—	—	—
Congenital dislocation of shoulders	...	...	...	—	1	1
Erb's Palsy...	...	...	...	—	5	8
Deformity of hands and feet	...	...	...	6	4	15
Sterno Mastoid Tumour	...	...	...	1	4	7
Talipes	...	...	...	—	7	11
Torticollis	...	...	...	—	1	1
				8	23	49
				—	—	—
DEFORMITIES OF FEET.						
Flat feet	...	...	...	21	8	39
Metatarsus Adductus	...	...	...	2	—	4
Pes varus	...	...	...	—	1	3
				—	—	—
				23	9	46
				—	—	—
DISEASES OF BONES AND JOINTS.						
Perthe's disease	...	...	...	—	2	4
T.B. Joints...	...	...	...	1	2	5
				—	—	—
				1	4	9
				—	—	—
NERVOUS DISEASES.						
Diplegia	...	...	...	2	1	6
Hemiplegia	...	...	...	1	6	17
Monoplegia	...	...	...	1	—	1
Sequelae to Poliomyelitis	...	...	...	2	5	10
Freiderich's Ataxia	...	...	...	—	1	2
				—	—	—
				6	13	36
				—	—	—

POSTURAL DEFECTS.

	<i>New Cases</i>	<i>Old Cases</i>	<i>Visits</i>
Kyphosis	1	1	4
Scoliosis	6	2	9
	—	—	—
	7	3	13
	—	—	—

RICKETS AND POST RACHITIC DEFORMITIES.

Bow legs	5	3	12
Knock knees	20	10	41
Renal rickets	—	1	1
	—	—	—
	25	14	54
	—	—	—

MISCELLANEOUS.

Congenital giantism	1	—	1
Multiple Enchondrosis	1	—	3
Tumour of ankle	2	—	2
Traumatic Injuries	4	2	6
Asymmetry of Face	—	1	1
Fracture of clavicle	—	1	1
Hemi-atrophy	1	—	1
Schlatter's disease	—	1	1
N.A.D.	5	1	6
	—	—	—
	14	6	22
	—	—	—

Treatments.

11 children were recommended operative treatment. 7 operations were performed at Queen Elizabeth Hospital, as follows:—

Removal of exostosis from tibia	...	...	1
Wedge re-section of tarsus	...	...	1
Division of right sterno mastoid	...	...	1
Tarsal osteotomy	...	...	1
Treatment of scoliosis	...	...	1
Tendo-achilles lengthening	...	...	1
Lamb Rinuei operation	...	...	1

Appliances.

4 school children were recommended appliances ; none were supplied.
6 pre-school children were recommended appliances ; 11 were supplied.

Alterations to shoes (valgus wedges) were carried out during the year as follows:—

Education	...	...	151
M. & C.W.	...	...	43

PHYSICAL TREATMENTS.

	<i>No. of Patients</i>	<i>No. of Treatments</i>
Flat feet	276	946
Chest	56	223
Scoliosis	38	89
Fractures	2	8
Sterno Mastoid Tumour	2	6
Infantile Paralysis	9	48
Talipes	2	27
Traumatic Injury	2	4
Spastic Hemiplegia	4	18

In addition to this 147 flat feet were inspected at weekly clinics ; 124 were school children and 23 were pre-school children.

Completion of Treatment.

The following categories were discharged from treatment :—

Pre-school children	...	...	24
School Children	...	...	196
T.B.	...	...	—
Staff	...	...	2

C. Local Executive Council Service.

(Part IV of the National Health Service Act).

By the courtesy of Mr. K. N. Ogden, Secretary of the Local Executive Council, I have been provided with the following information :—

(1) General Medical Service.

115,048 persons out of the town's population of 115,500 were on the doctors' lists at the end of 1950.

Altogether 77 practitioners had undertaken service, and 40 of these resided in Gateshead, 16 in Newcastle and 21 in the area of Durham County. 7 assistants are employed.

44 of the doctors on the list of the Executive Council have undertaken and been approved for domiciliary midwifery under the Act ; of these 26 are resident. The cost of the medical services during the financial year ending 31st March, 1951, are given below :—

	£	s.	d.
Capitation Fees	93685	5	8
Fixed Annual Payments	594	19	4
Temporary Residents	495	15	0
Maternity Medical Services	4254	10	0
Councils Superannuation	4926	5	4
	£103956	15	4

(2) Pharmaceutical Services.

22 pharmaceutical firms embracing 28 pharmacies within the Borough were under agreement to dispense medicines, drugs and scheduled appliances. Approximately 529,155 prescriptions were dispensed in the area during the year. The cost of this service for the financial year ending 31st March, 1951, totalled £71,720 6s. 7d.

(3) Dental Service.

19 dental practitioners, with one exception residing within the Borough, were under contract with the Council, and the costs of this service during the financial year ending 31st March, 1951, was £82,032 8s. 3d.

(4) Ophthalmic Service.

At the end of 1950, 6 ophthalmic medical practitioners, 20 ophthalmic opticians and one firm of dispensing opticians had undertaken to carry out the supplementary ophthalmic treatment, the costs of which for the financial year amounted to £9,222 10s. 6d. for sight-testing and £36,478 19s. 4d. for the supply, repair and replacement of glasses, a total of £45,701 9s. 10d. The school medical service arrangements for the testing of children's eyesight and the prescription of glasses are included under the supplementary ophthalmic treatment service, and at the end of the year approximately 460 children were awaiting the testing of eyes.

D. Other Health Services.

(1) School Health Service and Clinics.

In Gateshead, the treatment arrangements for children of school age and under have been unified so that minor ailments, ophthalmic, orthopaedic, dental and artificial sunlight treatment is available to children under 15 years of age.

For the purposes of making the survey of the local health services comprehensive, the following statistics of the annual report on the school medical service are included. School children on the register at the end of the year numbered 16,839. Of these, 5,350 were submitted to routine medical examination on entrance, at 11 years of age and on leaving. 48 per cent of the parents of children examined by routine were present at the inspection. The nutrition of the children examined at school medical inspection was assessed as good in 90·08 per cent of the children, a satisfactory figure for Gateshead. 4,558 children attended the minor ailments clinic. 560 school children were prescribed spectacles for errors of refraction but the waiting list for ophthalmic investigation at the end of the year numbered 465 names. The orthoptic service, which was started in 1948, continued during the year when 218 children received treatment.

The special school for physically handicapped children at "The Cedars", Low Fell, and the school for educable mental defectives at Hyndley Hall had not yet begun to function by the end of 1950.

(2) Gateshead Dispensary.

The Gateshead Dispensary was established as a charity many years ago, but since the appointed day the function has been changed from general medical care to the provision of advice on psychosomatic medicine. By the kindness of Dr. J. Charlton Hall, I am able to produce extracts from his report on the work of this clinic now situated at Denewell Avenue, Low Fell.

"67 patients attended the clinic for treatment during the year. We commenced in January with 33 patients on the list, and on December 31st, 30 remained to go forward into 1951. This figure compared with the total for last year, *i.e.* 72, shows that 5 less patients were receiving treatment during 1950.

The particulars of the patients dealt with are as follows :—

Patients with Bodily Symptoms.

Epileptic Fits	1	Stomach	2
Menopausal syndrome ...	2	Nystagmus	1
Sex	1	Hysteria	3
Blindness	1	Asthma	3
Hand Tremor	1	Organic Disease ...	4
Migraine	1	Body Neurosis ...	1
Diabetes	1	Enuresis	1
Casuals	5		

Patients with Nervous Symptoms only.

Anxiety	20	Child guidance ...	1
Depression	4	Student	1
Adolescence	4		

30 patients ceased attending the clinic during the year. The reasons were as follows :—

7 were completely relieved of the symptoms for which they sought treatment.

5 were greatly improved and stated they were quite able to carry on.

3 suffered from organic bodily disease.

2 came to a point where no further progress was being made.

3 patients could not follow the treatment and therefore were not interested.

6 were casuals who did not attend more than twice.

Of the remaining 4 patients, 1 was a student attending only for a limited time, 1 died, 1 started work, and 1 was admitted to hospital for an operation.

Particulars of the sessions held are as follows :—

Day sessions	...	...	...	782
Evening sessions	...	...	...	273
Saturday sessions	...	...	...	71
Sunday sessions	...	...	...	8
				<hr/> 1134 <hr/>

8 of the total number of patients for the year had had hospital treatment before coming to the clinic.

The use of gas (nitrous oxide) for analytical purposes is still being carried out as previously reported. We have had no trouble whatever following its use. There have been no reports at any time of any illness or disability from the patients who have subjected themselves to it. I would like to stress the point again here that the patients are never at any time coerced into using it. It is very useful in certain cases, but to some it seems to be too impersonal, and therefore does not have the fullest effect. In these cases, where hypnosis is possible, it is used instead of gas”.

(3) Propaganda and Health Education.

The Local Authority has made considerable use of the literature and exhibition material presented by the Central Council for Health Education. The exhibition frame provided by the Central Council has moved where the exhibit was suitable, and to the town hall. The paper “Better Health” continues to be circulated in the welfare centres. Birthday cards and propaganda leaflets have been distributed in connection with the vaccination and immunisation scheme.

Talks were given to various social groups by members of the medical staff.

The chief sanitary inspector has been very busily engaged in organising the formation of a Food Traders’ Guild, in an effort to raise the standard of hygiene in the handling of food. The information about enforcement of the food bye laws was conveyed to most of the members of the trade.

PART III. PREVENTION AND TREATMENT OF DISEASE.

A. Infectious Diseases.

Summary of cases coming to the knowledge of the health department in 1950 :—

<i>Disease</i>	<i>Cases Noti- fied</i>	<i>Removed to Isolation Hospital</i>	<i>Corrected No. of Cases</i>	<i>Deaths in Area</i>	<i>Deaths in Hospital</i>
Notifiable					
Scarlet Fever	309	202	291	—	—
Whooping Cough	346	20	351	2	—
Diphtheria	22	21	7	—	—
Measles	2144	37	2155	1	—
Primary and Influenzal Pneumonia	222	149	166	64	10
Meningococcal infection ...	19	19	7	3	3
Acute Poliomyelitis paralytic	11	10	16	1	1
„ non-paralytic	13	13	4	—	—
Acute encephalitis infective	—	1	2	2	1
„ post-infectious	—	—	1	—	—
Dysentery	125	18	113	—	—
Ophthalmia Neonatorum	2	—	2	—	—
Puerperal Pyrexia	14	2	14	—	—
Enteric Fever	3	3	2	—	—
Erysipelas	28	10	24	1	—
Scabies	33	—	30	—	—
Tuberculosis—					
Pulmonary	232	4	220	67	—
Non-Pulmonary	43	22	41	6	1
(Miliary)	—	—	(8)	—	(5)
Food poisoning	30	2	26	—	—
Non-notifiable					
Chickenpox	—	—	—	—	—
Mumps	—	—	—	—	—
Diphtheria Carriers ...	—	—	4	—	—
Rubella	—	2	—	—	—
Gastro-enteritis	—	40	—	15	3

Altogether there were 3,472 cases of notifiable infectious disease within the Borough.

(1) Notifiable Diseases.

Scarlet Fever continued to be sporadically prevalent throughout the year, the lowest frequency being one per week. In the autumn, there was an increasing prevalence during the months of September, October and November, but on the whole the illnesses were mild. Only two thirds of the patients notified were removed to hospital.

Whooping Cough. During 1950, whooping cough, which was sporadically prevalent throughout 1947, 1948 and 1949, yielded a minor epidemic from April to September. There were 2 deaths.

Diphtheria. The corrected number of true diphtheria cases in Gateshead during the year was 7, and only one of these of any severity. None of the cases had previously been immunised against the disease.

In connection with the control of diphtheria, 19 contacts were examined for the carrier condition.

The number of corrected notifications reflects the tendency to diagnose diphtheria without having recourse to swab examination, and the old clinical rule that when a throat swab is taken for suspected diphtheria a prophylactic dose of antitoxin should be administered is being neglected.

Measles. There was a measles epidemic, reaching its peak in May, 1948, and a similar prevalence reaching a peak in June, 1949. It is therefore rather unusual, in view of the known behaviour of measles, that a third year running there should be an epidemic reaching its peak in the Spring, actually in May. There was only one death from the disease, a patient who suffered from laryngo-tracheo-bronchitis as a complication, and died after tracheotomy. Postmortem examination showed that the respiratory passages were entirely occluded by a mucopurulent exudate.

Pneumonia. There was a fairly severe prevalence of pneumonia in the first two months of the year, and about the middle of December an acute outbreak of influenza caused a great increase in pneumonia and secondary affections of the respiratory system.

Many of the elderly people who suffered from influenza died, but the bulk of the mortality from the influenza epidemic was in 1951.

The influenza epidemic accounted largely for the increase in the corrected number of pneumonia cases from 126 in 1949 to 166 in 1950.

Two-thirds of the cases notified to be suffering from pneumonia were treated in the isolation hospital.

Meningococcal Infection. As the practice in Gateshead is to admit suspected cases of meningitis for investigation to the local isolation hospital, the corrected number of cases in which this diagnosis was verified is a reflection of the difficulty of diagnosis. Of the 7 true cases 3 died. It is somewhat disturbing to report this high mortality, which seems to be related to a decline in the efficacy of penicillin and the sulphanilamide drugs in the treatment of this disease.

Poliomyelitis and Encephalitis. 23 cases of this epidemic infection of the nervous system were diagnosed during the year, 20 being considered cases of poliomyelitis, 16 in the paralytic form, one of whom died from bulbar paralysis, and 4 of the abortive non-paralytic type. There were also three cases of acute encephalitis, two of which were fatal and came to light as a result of post-mortem examination in circumstances of sudden death. There was also one case of encephalitis following mumps.

Of the 16 paralytic cases, 2 made apparently full recoveries, 11 had mild residual paralysis and 3 paralysis involving both lower limbs and the spinal musculature.

Dysentery. The epidemic of Sonne Dysentery, which began in November, 1949, continued as an endemic prevalence throughout the whole of 1950, although no cases came to light during the last week of July and the first two weeks of August. There was a sharp upward trend during the first week of December.

The continued prevalence of dysentery in the North-eastern region is considered to be related to the deficient hygiene of the food handlers, some of whom have probably suffered the disease in a mild form and continued to be carriers.

Two of the day nurseries became infected by dysentery, one in April and the other in September. As a result of routine faecal examination of the staff and children in attendance, out of 90 members of the staff 6 were found to be symptomless excretors, and of 236 children 19 excreted Sh. Sonnei.

The occurrence of dysentery in a family leads to a routine examination of all the families and all the contacts. From the families of the dysentery cases 93 carriers were supervised, and 9 were suspended from work.

Puerperal Pyrexia. The information under this head is summarised in the maternity and child welfare section of the report.

Enteric Fever. Under this head there were two cases of paratyphoid, Vi Phage Type 1, diagnosed in the fever hospital in July. No source of infection was found for these cases, one a child of 2 years, and the other a girl of 8, both living in areas of the town remote from one another.

Erysipelas. This disease has not shown any epidemic prevalence in Gateshead for many years, and the idiopathic form of the disease is without a direct mortality. The death registered in 1950 from this cause was from the associated heart disease rather than erysipelas.

Scabies, which is a notifiable disease within the County Borough, yielded only 30 cases, the minimum since 1939. Most of the cases were treated by the family practitioners.

(2) Non-notifiable Diseases.

Chicken-pox. A number of cases of chicken pox were investigated in reference to smallpox at the end of the year, when an epidemic of chicken pox made its appearance in the town.

Mumps and rubella were of sporadic incidence, and infantile gastroenteritis was fairly low in prevalence, probably due to the cold weather throughout the year.

(3) Supervision of Contacts.

23 contacts of notified disease from outside the area were investigated during the year, 12 of these being related to cases of smallpox, 2 to typhus, 8 to poliomyelitis and one to scarlet fever.

Contacts of infectious disease occurring in the Borough were supervised by the appropriate procedure, special attention being paid to the intestinal infections. As a result, 93 carriers of Sh. Sonnei and 34 carriers of salmonella organisms were identified.

9 dysentery carriers and one salmonella carrier were suspended from work, the salmonella carrier being warned of the implications of the food bye-laws. No compensation was paid to any carrier who stopped work.

4 carriers related to a case of diphtheria in a children's hospital were removed to the isolation hospital for the treatment of the carrier state and their accompanying illness.

(4) Infestation and Uncleanliness.

The campaign for the suppression of body vermin, and the disinfection of domestic furnishings and furniture continues. At the Greenesfield Health Centre, much of the time of three auxiliary nurses is taken up with the delousing of children's heads, using the newer D.D.T. preparations. The sanitary inspector's department is concerned mainly with the suppression of bugs and other insects in the homes of the people. The campaign against rats by baiting the sewers was continuous throughout the year.

B. Suspected Food Poisoning and Salmonellosis.

A peculiar facet of the food poisoning question in Gateshead is that the organisms of the salmonella group, usually considered to be responsible for mass outbreaks of food poisoning, are behaving very much like the other organisms responsible for intestinal infectious disease, e.g., dysentery. The writer has contributed two studies on the subject, (which were published in the "Medical Officer" in 1950 and 1951), detailing this experience, which bears out the thesis that salmonellosis is now an infectious disease of humans, and that the food poisoning outbreaks involving a number of people are simply the high-lights of an epidemic prevalence.

In 1950, there were four outbreaks of illness caused by *S. Typhimurium*, involving 11 persons in 4 families. In each of three families 3 persons were involved with symptoms, but these began at intervals, which suggested case to case infection, and the contacts included a number of symptomless carriers of the organism. In the remaining family, duck eggs had been consumed and there was simultaneous illness in two patients out of four in the household.

Throughout the year, salmonella cross infections plagued the local isolation hospital and caused one large outbreak in a ward of infants suffering from whooping cough, the patients showing the symptoms at intervals and not simultaneously. In addition to these outbreaks, 16 individuals were found to have had illness due to salmonella organisms. In only 4 instances were articles of food suspected as the vehicle of infection. Along with the 16 individuals in the town who came to light, 6 individual cross-infections were found in the patients of the isolation hospital.

A feature of the salmonella prevalence was the finding of symptomless carriers among the contacts of salmonella cases, and salmonella carriers were also discovered in the follow-up of dysentery cases and in the routine sampling of the population of the four day nurseries in the town. As a result it was concluded that nearly 1 per cent of the population were symptomless carriers of salmonella organisms at any given time.

Another finding was that nearly 9 per cent of the patients and carriers infected by salmonella organisms carried the organisms for longer than three months.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (CORRECTED).

(1) Local Authority—Gateshead.	Year—1950.				
(2) Food Poisoning Notifications (corrected) returned to Registrar General :—	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total
Notified	7	7	10	2	26
Cross-infections and associated cases not notified ...	2	3	8	5	18
(3) Outbreaks due to Identified Agents.					
Total outbreaks ...	5	Total Cases ...	...	22	
Familial spread ...	3	Familial spread ...	...	9 (1 died)	
Duck eggs ...	1	Duck eggs ...	...	2	
Cross infections ...	1	Cross infections ...	...	11	
Outbreaks due to :—					
(a) Chemical poisons ... ..	...	Nil			
(b) Salmonella organisms—Typhimurium ...	...	22			
(c) Staphylococci (including Toxin) ...	...	Nil			
(d) Cl. botulinum ... ..	...	Nil			
(e) Other bacteria ... ..	...	Nil			
(4) Outbreaks of Undiscovered Cause.					
Total outbreaks—Nil	Total Cases—Nil				
(5) Single Cases (includes cross-infections)...	...		22		
* Agent identified	Unknown Cause		Total		
Typhimurium	19	Nil			
Thomson	1				
Newport	1				
Bareilly	1	22			
* Cream Cakes, Custard, Hen's egg (uncooked), Egg yolk—suspected vehicles of infection in four instances.					
(6) 24 contacts of salmonella illness were found to be symptomless carriers, but ten other salmonella carriers were found in the search for dysentery carriers and among the routine samples of staff and children of the day nurseries.					

Details of the Familial Outbreaks.

(i) A child of 2 years suffered an attack of diarrhoea on Christmas Day, 1949. The mother developed symptoms on the 1st January, 1950, and gave birth to a male child on the 7th January, 1950. This child, in the fourth day of life, developed diarrhoea, and after investigation proved to be infected by S. Typhimurium. Faecal specimens from the mother, the 2-year old child, and the father who denied symptoms, were found to contain the organism.

(ii) The second outbreak affected two separate households, wherein four families related by blood or by marriage resided. One of the married women gave birth to premature twins on the 26th February. In the larger household, a child developed diarrhoea and vomiting on the 7th March, 1950, the symptoms lasting for 6 days. Faecal specimens from the child were reported to contain *S. Typhimurium*. Meantime, one of the twins had died, and the second twin had suffered an attack of diarrhoea, from which *S. Typhimurium* was isolated. Another infant in the smaller household began to have diarrhoea on the 16th March, 1950.

Out of the 19 contacts of these salmonella illnesses in the two households no less than 10 were found to carry the organisms in the faeces, all of whom denied previous illness.

(iii) A grandmother suffered vomiting, diarrhoea and fever on the 1st August, 1950. On 7th August, 1950, a grandchild, aged 3 years, was similarly affected, and the faeces were reported to contain *S. Typhimurium* on 14.8.50. On 22.8.50, *S. Typhimurium* was reported in the faeces of the mother, grandmother and a sister, but negative results were received in respect of the father and an infant sister. These carriers continued to excrete the organisms for a period and on the 9th October, 1950, the child who had previously escaped the infection went down with a typical salmonella illness.

(iv) 2 patients consumed duck eggs and suffered a typical food poisoning attack, which was found to be due to *S. Typhimurium*. There were two other contacts in the household, both of whom were found to carry the organism, but these were not in the house at the time of the original illness, and had not eaten duck eggs.

C. Tuberculosis.

(Report by Dr. S. D. Rowlands).

Chest Clinic.

Since April 1st, 1950, the scope of the Gateshead Chest Clinic has been considerably extended. As a result of alterations in the areas covered by each chest clinic throughout the Northern Region, the Gateshead clinic now receives cases from Felling Urban District, which includes Pelaw, Hebburn and Wardley. This change-over was effected on April 1st, and cases who had hitherto attended the Jarrow Chest Clinic and were resident in the above areas were transferred to the Gateshead clinic. During the year, 150 cases were thus taken over. These were made up of 131 cases of pulmonary tuberculosis (M 73, F 44 and Ch. 14), and 19 cases of other tubercular disease (M 3, F 12, Ch. 4). Many other cases were also seen from the Felling area, but were not kept on the register for one reason or another.

To cope with this extra work, Dr. N. J. Anderson was appointed as Registrar and began work on March 29th, 1950.

The clinic is now open every morning for medical examinations from 9 a.m.—12 noon, and an evening clinic is held twice monthly from 5—6.30 p.m.

There have been no alterations in the structure of the clinic and this is now proving to be inadequate. There is only one consulting room, and with two doctors now available one is having to use the laboratory as a consulting room. There is also very inadequate accommodation for the clerical staff. It is therefore essential that a new clinic be built at the earliest opportunity and this matter has been drawn to the attention of the Regional Board.

During 1950, there was a big increase in the attendances of both new and old cases. The record number of 3,114 new cases attended for the first time. The majority of these were first seen at the X-ray clinic held at Whinney House Hospital on Saturday mornings from 9 a.m., being sent direct by their medical practitioners.

These 3,114 patients included 693 contacts, and 19 notified cases transferred from other districts. The remaining 2,421 patients were sent by the general practitioners of the area, the school medical officers, or came of their own accord for examination.

The total attendances (old and new cases) at the chest clinic numbered 8,872.

Of the 693 contacts examined for the first time, 32 were found to be tuberculous (M 11, F 9, Ch. 12), and referred for treatment. In 12 cases a diagnosis had not been made by the end of the year. The remainder revealed no evidence of active disease, although many had been infected.

In the case of the other 2,421 new cases, 290 were definitely tuberculous and notified. In 50, a diagnosis had not been made at the end of the year. The remainder were referred back to their own doctors as non-tuberculous.

During the year, 76 patients (26 M, 32 F, 18 Ch.) were removed from the clinic register as cured. 35 cases (19 M, 15 F, 1 Ch.) removed from the district and 23 cases (8 M, 8 F, 7 Ch.) were taken off the register for other reasons.

Statistics.

1. Primary Notifications (Gateshead only).

The following new cases of tuberculosis were notified in 1950 :—

Pulmonary	Males	... 130	Other Tubercular Disease	Males	22
	Females	... 102		Females	21
<hr/>			<hr/>		
	Total	... 232	Total	...	... 43

The cases of other tubercular diseases were made up as follows :—

Bone and joints	...	...	...	14
Abdomen	...	...	...	2
Other organs	...	...	...	5
Peripheral glands	...	...	...	17
Miliary	...	...	...	—
Meningitis	...	...	...	5

There was a decrease of 30 cases of pulmonary tuberculosis notified during the year, compared with the previous year, and an increase of 15 cases of other tubercular diseases.

To be deleted from the total notifications are 19 cases of pulmonary tuberculosis (9 males and 10 females) and 5 cases of other tubercular diseases (1 male and 4 females), whose notifications were subsequently cancelled as non-tuberculous. 7 cases of pulmonary tuberculosis and 3 cases of other tubercular diseases died unnotified and these must be added to the total.

The nett total of new cases was therefore as follows :—

Pulmonary tuberculosis	...	...	220
Other tubercular diseases	...	...	41

The incidence rates for 1950 (calculated on a population figure of 115,500) are :—

Pulmonary Tuberculosis	...	...	1.9	per 1,000
Other Tubercular Diseases	...	...	0.35	per 1,000
Total (all forms)	...	...	2.25	per 1,000

Of the total notifications received during the year, 57 were notified by the Chest Physician direct and 128 by private practitioners after consultation with the Chest Physician. Thus 67.27% of all the new cases were seen by the Chest Physician prior to notification. This high percentage is principally due to the number of cases first diagnosed at the X-ray clinic at Whinney House Hospital.

Only 20 of the new notifications were not seen by the Chest Physician during the year. Of these 1 died in hospital and 1 at home within a few days of notification, and 4 cases were cancelled shortly after being notified. 1 removed before being seen. Of the remainder, 9 were still in various hospitals in the region at the end of the year, and 4 remain to be interviewed.

There were on the notification register at the end of the year 1,223 patients suffering from tuberculosis (all forms), made up as follows :—

Pulmonary Tuberculosis—			Other Tubercular Diseases—		
Males	...	567	Males	...	51
Females	...	511	Females	...	94
<hr/>			<hr/>		
Total	...	1078	Total	...	145
<hr/>			<hr/>		

There is a total increase of 130 cases on the notification register at the end of 1950 compared with December, 1949, although there was a slight reduction in the number of new cases notified.

The reason for this increase in the notification register can be attributed to the lower death rate and fewer cases being removed from the register as having recovered. Fewer cases also removed from the town.

The following table sets out the nett number of new cases notified, with the notification rates, for the past 10 years :—

Year	No. of Cases Notified			Incidence Rates per 1,000 population		All forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1941....	207	52	259	1.93	0.48	2.42
1942....	208	80	288	1.98	0.76	2.74
1943....	219	48	267	2.11	0.46	2.58
1944....	244	55	299	2.33	0.52	2.86
1945....	218	52	270	2.06	0.49	2.55
1946....	228	47	275	2.01	0.42	2.43
1947....	237	34	271	2.08	0.29	2.37
1948....	232	47	279	2.01	0.41	2.42
1949....	250	30	280	2.17	0.26	2.43
1950....	220	41	261	1.9	0.35	2.25

2. Deaths.

The Registrar General's return of tuberculosis deaths for 1950 is as follows :—

Pulmonary	Males	...	40	Other tubercular diseases	Males	4
	Females	...	24		Females	7
	Total	...	64		Total	11

These figures show a remarkable decrease of 26 pulmonary and 2 non-pulmonary deaths compared with the previous year. The total deaths were easily the lowest on record.

In addition to the above, 7 deaths occurred in notified cases of tuberculosis due to some other cause.

There was a decrease in the number of cases dying from tubercular meningitis, the number being 5 compared with 7 in the previous year.

The death rates for 1950 were as follows :—

Pulmonary tuberculosis	...	...	0.55
Other tubercular diseases	...	...	0.09
All forms	...	...	0.64

These rates compare with those for England and Wales for 1950 as follows :—

Pulmonary tuberculosis	...	0.32
Other Tubercular diseases	...	0.04
All forms	...	0.36

The following table gives a resume of the death rates for the decennium 1941-1950 :—

Year	Total Deaths			Death Rate per 1000 population		
	P.T.	O.T.D.	Total	P.T.	O.T.D.	Total
1941....	128	26	154	1.18	0.24	1.45
1942....	107	19	126	1.02	0.18	1.2
1943....	106	20	126	1.02	0.19	1.21
1944....	122	22	144	1.17	0.21	1.38
1945....	98	27	125	0.928	0.25	1.18
1946....	75	21	96	0.667	0.187	0.855
1947....	93	17	110	0.81	0.15	0.96
1948....	99	18	117	0.86	0.15	1.01
1949....	91	10	101	0.79	0.087	0.87
1950....	64	11	75	0.55	0.09	0.64

The deaths from tuberculosis show a very marked reduction (28·8%) compared with the year 1949, and easily proves the lowest recorded death rate in Gateshead. The probable reason for this is the improvement in treatment brought about by the new drugs Streptomycin and Para-amino Salicylic Acid (P.A.S.) which are now generally available.

The age distribution of new notifications and deaths is given in the appended table :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0— 1	1	—	1	2	—	—	—	—
1— 5	6	4	4	3	—	—	2	2
5—10	7	8	6	3	—	—	1	—
10—15	7	7	4	3	—	—	1	—
15—20	21	28	3	5	2	4	—	1
20—25	17	24	5	—	2	—	—	1
25—35	27	21	2	4	5	9	—	—
35—45	12	8	—	2	8	5	—	—
45—55	29	4	—	1	10	3	—	2
55—65	13	2	1	—	9	2	—	—
65 & up	9	3	—	—	4	1	—	1
Totals	149	109	26	23	40	24	4	7

It will be noticed that the greater mortality in males tends to be in the latter half of life, while in females the greatest number of deaths occur between 25 and 35 years of age.

The figures in this table include all primary notifications and also others coming to the notice of the Medical Officer of Health from the following sources :—

			Pulmonary Tuberculosis	Other Tubercular Diseases
(a) Local Registrar	...	...	6	2
(b) Registrar General	...	...	1	1
(c) Posthumous	...	...	1	—
(d) Inward transfers	...	...	15	3
(e) Outward transferable deaths	...	...	3	—

Details of the time elapsing between notification and death is of interest from the point of view of early diagnosis which is of such paramount importance in prognosis.

The figures for 1950 are as follows :—

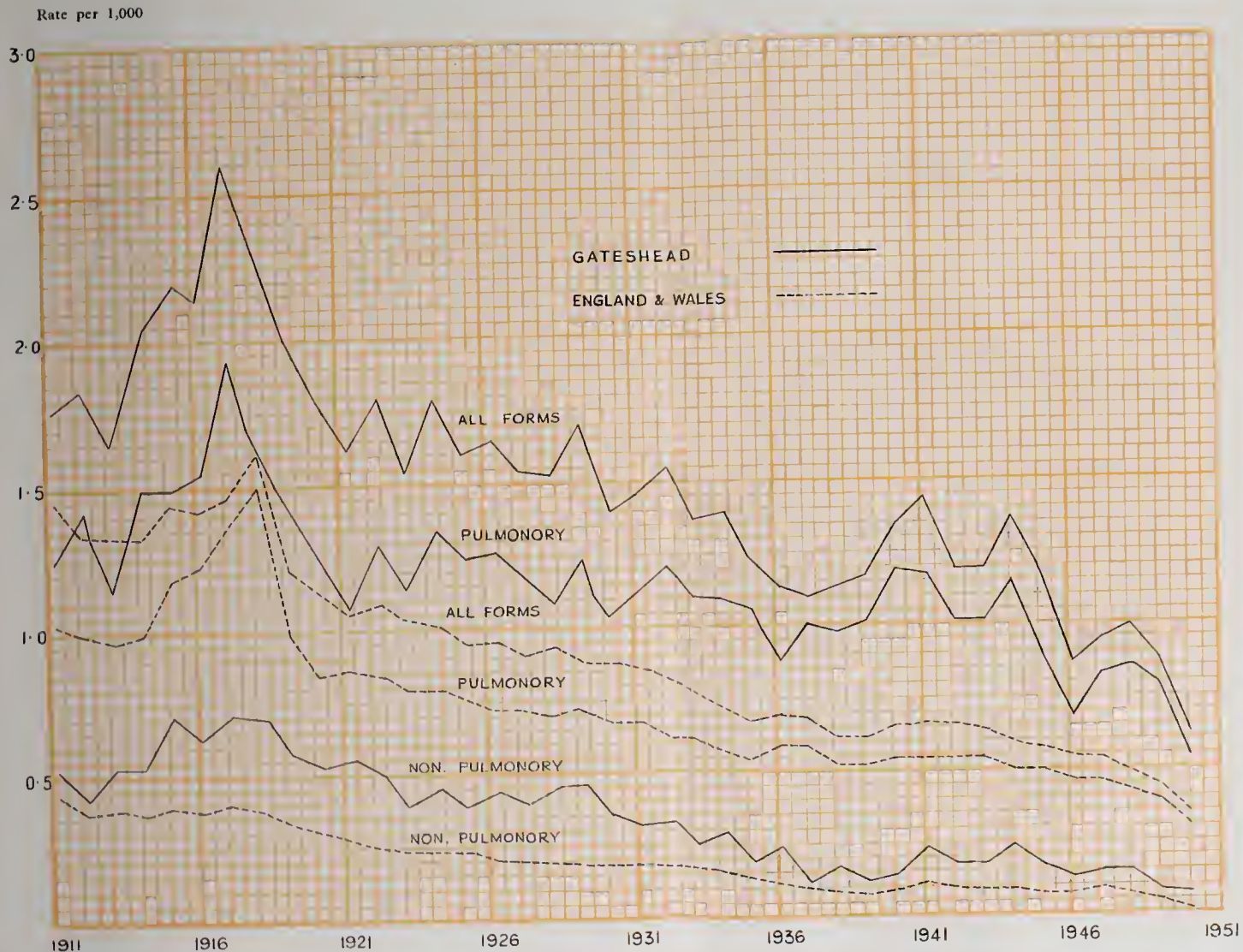
Deaths under 1 month from notification	...	...	5
Deaths from 1—3 months of notification	...	...	1
Deaths from 3—6 months of notification	...	...	5
Deaths from 6—12 months of notification	...	...	13
Deaths from 1—2 years of notification	...	...	10
Deaths over 2 years from notification	...	...	40

These figures exclude cases dying unnotified and also cases of tuberculosis previously removed from the register for various reasons.

County Borough of Gateshead.

TUBERCULOSIS

DEATH RATES per 1,000 of population
1911-1950



From these figures it will be seen that 24 cases (*i.e.* 28·23%) died within a year of notification. (Thus continues the steady improvement in this respect noted in recent years (1948—45%, 1949—41·58%).

Radiography Clinic.

The diagnostic X-ray clinic held on Saturday morning at Whinney House Hospital again attracted large numbers of patients sent by the general practitioners of the town. A total of 4,879 patients were seen, which is easily a record for this clinic. From these many new unsuspected cases of tuberculosis were found, together with other diseases of the lungs and heart.

Domiciliary Visiting.

The tuberculosis nurse made 274 first visits to newly notified cases and 1,220 re-visits during the year, a total of 1,494, and also accompanied the ambulance on 8 journeys.

The Chest Physician made 83 special visits at the request of private practitioners.

During these visits, the health visitor investigated the housing conditions and sleeping accommodation of patients. As a result of these investigations the following facts were elicited :—

- 122 patients occupied a separate bedroom.
- 35 patients occupied a separate bed with others in the same room.
- 83 patients occupied the same bed as other members of the family.

Of the latter, 63 had one other person sharing the bed, 37 had two others and 18 had more than two others sharing the bed.

The housing accommodation of 240 cases completely investigated was as follows :—

1 roomed tenement	...	...	11
2 rooms ...	...	...	37
3 rooms ...	...	...	60
4 rooms ...	...	...	91
Over 4 rooms	...	...	41

Thus 82·91% of the new cases occurred in houses having 4 rooms or less.

During 1950 a total of 21 or 9·5% of the houses let by the Council were allocated to tuberculous families.

Many tuberculous families are still desperately in need of better accommodation, and it is only by an extended scheme of rehousing these people that one can expect a reduction in the spread of the disease among family contacts.

Last year, 63 or 12·2% of the houses let were allocated to tuberculous families. This reduction is probably due to the change in the points system.

Treatment of Chest Clinic Patients.

(a) Artificial Sunlight Treatment.

Clinics for ultra-violet radiation in selected cases are held in the Chest Clinic twice weekly. The course of treatment, as prescribed by the Chest Physician, is carried out by the Chest Clinic nurse.

Treatment consists principally of local irradiation with a Kromayer water-cooled lamp. For general irradiation a mercury-vapour lamp is used.

During the year 21 patients were treated for the following conditions :—

Tubercular adenitis	...	...	17
Tubercular abscess	...	...	3
Skin	...	...	1

A total of 96 sessions were held and 511 treatments given.

(b) Collapse Therapy.

Clinics for artificial pneumothorax and pneumoperitoneum refills are held at Whinney House Hospital on Tuesday, Wednesday and Friday afternoons.

Collapse therapy (A.P. and P.P.) have continued to be the main stand-by in treatment in those cases considered suitable.

Treatment has been supplemented during the year by the more extended use of Streptomycin, which is now in much better supply, and Sodium Para Amino Salicylic Acid (P.A.S.) a comparatively new drug which is giving encouraging results, both when given alone or in conjunction with Streptomycin. As a result of the exhibition of these drugs many hitherto hopeless cases have made such improvement as to warrant doing some form of collapse treatment.

The following is a synopsis of the work carried out during the year :—

(i) Artificial Pneumothorax.

Cases induced during the year :—	<i>Male</i>	<i>Female</i>
(a) In Whinney House Sanatorium	6	15
(b) Elsewhere	2	1
Cases ceasing treatment during year—		
In-patient and Out-patient	17	19
Cases still under treatment at end of year—		
In-patient and Out-patient	31	34

The condition of the 36 cases whose treatment ceased, and the reasons why, are as follows :—

	<i>Male</i>	<i>Female</i>
Quiescent	11	7
Removed...	—	1
Complications	2	2
Inadequate collapse	3	8
Died	1	1

The condition at the end of the year of the 65 cases still under treatment was :—

	<i>Male</i>	<i>Female</i>
Quiescent	22	29
Not quiescent	9	5
No. of refills A.P. during the year ...	1463	

(ii) Pneumoperitoneum.

	<i>Male</i>	<i>Female</i>
Cases induced during the year—		
(a) In Whinney House Sanatorium	7	6
(b) Elsewhere	5	1
No. of cases induced who also had artificial pneumothorax ...	5	5
Treatment terminated during the year	4	8
Cases still under treatment on 31.12.50	21	17
The condition of these patients at the end of the year was :—		
Quiescent	4	6
Not quiescent	17	11

The condition of the 12 cases whose treatment was discontinued and the reasons for doing so, is as follows :—

	<i>Male</i>	<i>Female</i>
Quiescent	1	—
Referred for operation	—	3
Inadequate result	3	1
Died	—	4
No. of P.P. refills during the year ...		1027

In addition to the above there were 3 men and 2 women having combined pneumothorax and pneumoperitoneum treatment. The condition of these cases at the end of the year was :—

	<i>Male</i>	<i>Female</i>
Quiescent	1	1
Not quiescent	2	1

(iii) Surgery.

Facilities for major surgical treatment and certain forms of minor surgery are still far from satisfactory.

All major surgical cases must be transferred to Poole Sanatorium and with a reduction in the number of beds allocated at that Sanatorium to this district an increasingly long period of waiting is required before a patient can be admitted. It has been necessary in many cases to have to discharge patients from hospital to wait in their own homes until a vacancy occurs, thus interrupting the continuity of treatment.

It is hoped that the new Thoracic Surgery Unit at Seaham Hall Sanatorium will soon be opened and that the waiting period for major surgery will be thus materially reduced.

Patients requiring division of adhesions to complete a pneumothorax are much in the same position but a somewhat better turn-over of cases has been possible.

In the case of operation for Phrenic Nerve Crush it has been possible to have patients dealt with without delay at Queen Elizabeth Hospital, where Mr. Hall, the Senior Surgical Registrar, has kindly done them for me.

The following operations were carried out during the year :—

			Male	Female
(a)	Adhesion Section	...	3	10
(b)	Phrenic Nerve Operations	...	15	4
(c)	Thoracoplasty	...	1	2
(d)	Pneumonectomy	...	1	—
(e)	Appendicectomy	...	1	—

(c) Institutional Treatment.

Table of Admissions, Discharges and Deaths in Institutions.

	In on 1st day of year			Admitted			Discharged			Died			In on last day of year		
	M	F	Ch.	M	F	Ch.	M	F	Ch.	M	F	Ch.	M	F	Ch.
Whinney Ho. Hosp.	21	29	2	80	64	4	72	72	4	—	—	1	29	21	1
Bensham Gen. Hos.	11	12	—	32	33	1	23	30	1	8	4	—	12	11	—
Barrasford San.	8	—	—	8	—	—	15	—	—	—	—	—	1	—	—
Poole Sanatorium	16	13	10	15	17	9	20	20	14	—	—	—	11	10	5
Stannington San.	—	—	14	—	—	6	—	—	13	—	—	—	—	—	7
Sanderson Ortho. Home	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Sheriff Hill Hosp.	2	3	1	5	11	13	3	6	8	—	1	1	4	7	5
Gateshead Childrens Hospital	—	—	9	—	—	24	—	—	22	—	—	—	—	—	11
Earl's House Sana.	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Norman's Rid. Hos.	—	—	—	—	26	3	—	18	2	—	—	—	—	8	1
Wallsend I.D.H. ...	—	—	—	28	—	—	20	—	—	—	—	—	8	—	—
Seaham Hall Sana.	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—
Totals ...	57	57	37	168	151	62	153	146	65	8	5	2	64	57	32

Health (Care and After-Care) Sub-Committee.

The following cases were considered by the Sub-Committee during the year and assistance granted as specified :—

Clothing outfits provided	123	Bed rests	... 16
Clothing outfits provided through other sources	6	Rubber sheets	... 3
Bed and bedding provided	18	Urinals	... 7
Mattress covers	... 6	Sponge rings	... 10
Portable rubber urinals	... 1	Sputum mugs	... 5
Bedpans	... 15	Wheel chairs	... 5
Air rings	... 6	Spinal carriage	... 1
Sponge beds	... 2	Crutches	... 2
		Sputum flasks	... —
		Rubber hot water bottles	1
		Throat spray	... 1

The following table gives a resume of the cases seen and dealt with at the Chest Clinic in 1950.

	Respiratory			Non-respiratory			Totals			Grand Totals
	M	W	Ch	M	W	Ch	M	W	Ch	
A. 1. Number of notified cases of T.B. on Clinic Registers on 1st Jan., 1950	386	359	170	18	26	35	404	385	205	994
2. Transfers from Clinics under other H.M.C.s or B.G.s during the year	84	56	7	6	13	6	90	69	13	172
3. Cases lost sight of which returned to Clinic during the year	6	2	2	—	—	1	6	2	3	11
B. Number of New Cases diagnosed as tuberculosis during the year— T.B. MINUS	65	60	31	10	12	13	75	72	44	191
T.B. PLUS	60	32	4	1	1	1	61	33	5	99
Totals A and B	601	509	214	35	52	56	636	561	270	1467
C. Number of Cases in A and B written off clinic registers during year— (1) Recovered	19	22	11	7	10	7	26	32	18	76
(2) Died (all causes)	36	31	2	—	—	—	36	31	2	69
(3) Removed to other clinics	18	13	1	1	2	—	19	15	1	35
(4) Other reasons	8	8	2	—	—	5	8	8	7	23
Totals of C	81	74	16	8	12	12	89	86	28	203
D. Number of notified cases of T.B. on clinic register on 31st Dec., 1950	520	435	198	27	40	44	547	475	242	1264
2. Number of above known to have had positive sputum within preceding 6 months	143	79	2	—	—	—	143	79	2	224
E. Number of contacts first examined during the year— (1) Diagnosed as tuberculosis	11	9	12	—	—	1	11	9	13	33
(2) Not tuberculous	140	205	303	—	—	—	140	205	303	648
(3) Not determined (as at 31.12.50)	1	—	11	—	—	—	1	—	11	12
F. Number of patients on clinic register awaiting admission to T.B. institution	18	17	—	—	—	—	18	17	—	35
1. No. on Clinic Register on 1.1.50	994			2. No. of attendances at the Clinic including contacts			8709			
3. No. of :—										
(a) Specimens of sputum examined ... 2306										
(b) X-ray examinations made in connection with clinic work ... 4442										

S. D. ROWLANDS, M.D., B.Hy., D.P.H.,
Chest Physician.

D. VENEREAL DISEASES.

Return relating to Gateshead Cases treated at Ward 34 Newcastle General Hospital, 1950

	<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Condi- tions other than Venereal</i>		<i>Totals</i>		1950	1949	1948	1947	1946
Persons under treat- ment or observation on 1st January, 1950	M.	F.	M.	F.	M.	F.	M.	F.	<i>Total</i>				
	124	148	8	3	19	16	151	167	318	387	404	473	329
Old Cases, returned	7	2	—	—	—	—	7	2	9	6	9	20	29
New Cases—													
Syphilis, primary	7	1	—	—	—	—	7	1	8	6	11	19	31
„ secondary	—	3	—	—	—	—	—	3	3	7	10	21	33
„ latent 1st year of in- fection	—	—	—	—	—	—	—	—	—	6	3	10	11
„ late	6	12	—	—	—	—	6	12	18	16	15	14	24
„ congenital	1	—	—	—	—	—	1	—	1	3	2	3	1
Gonorrhoea	—	—	33	10	—	—	33	10	43	53	98	135	144
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	3	6
Other Venereal Cond.	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Venereal Cond.	—	—	—	—	162	35	162	35	197	248	281	307	366
Conditions undiag- nosed at 31/12/50	—	—	—	—	—	—	—	—	—	4	8	3	4
Cases transferred from other areas	5	2	2	—	—	—	7	2	9	13	17	25	98
Totals	150	168	43	13	181	51	374	232	606	749	858	1033	1076
Cases discharged after cure	5	11	23	8	142	47	170	66	236	367	383	496	500
Cases ceasing attend- ance before com- pleting treatment—													
Syphilis 1st year	—	3	—	—	—	—	—	3	3	—	1	4	2
„ 2nd year	2	8	—	—	—	—	2	8	10	—	3	7	4
„ over 1 year	1	—	—	—	—	—	1	—	1	7	8	9	7
„ congenital	—	—	—	—	—	—	—	—	—	—	—	1	—
Gonorrhoea	—	—	—	2	—	—	—	2	2	1	6	7	5
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—	—	—
No. of cases under observation which died:—													
From the disease	—	—	—	—	—	—	—	—	—	1	—	1	1
From other causes	3	2	—	—	—	—	3	2	5	—	4	2	3
Defaulters:													
(a) Syphilis	7	3	—	—	—	—	7	3	10				
(b) Gonorrhoea before 3 months	—	—	1	—	—	—	1	—	1	16	24	34	14
(c) Gonorrhoea after 3 months	—	—	1	2	—	—	1	2	3				
Cases transferred to other centres	10	1	9	—	10	1	29	2	31	39	43	68	67
Cases under treatment on 31/12/50	122	140	9	1	29	3	160	144	304	318	386	404	473
Totals	150	168	43	13	181	51	374	232	606	749	858	1033	1076
No. of attendances for Medical treatment	1352	1347	590	153	501	134	2443	1634	4077	5293	6458	7379	8626
No. of attendances for intermediate treat- ment	—	—	—	—	102	21	102	21	123	181	190	136	166

W. V. MACFARLANE, M.D., D.P.H.**Physician in Charge**

The Regional Hospital Board have continued the Local Authority Joint Committee Clinic in the Newcastle General Hospital. At this centre nearly all the patients with venereal diseases residing in Gateshead have the necessary treatment, and the foregoing table affords an opportunity to assess the incidence and extent of treatment of these conditions as respects the various years which have elapsed since the clinic was opened in September, 1937.

There is no doubt that the great increase of infectious syphilis that distinguished the latter years of the great war has passed. During 1950, only 11 cases of primary and secondary syphilis came to light, as compared with 13 in 1949. The incidence of gonorrhoea dropped from 53 to 43, and the number of non-venereal conditions seen at the clinic dropped from 248 to 197. The number of new cases of congenital syphilis seen in 1950 was only one. At the end of the year, the number of patients still on the books was 304, of which 262 were suffering from syphilis and 10 from gonorrhoea.

Ad hoc propaganda against the venereal diseases has been limited to the maintenance of the notices in the public lavatories. The results of contact tracing and personal advice combined with intensive follow-up of defaulters have been very satisfactory. No attempt has been made to institute the teaching of sex hygiene in Gateshead.

The work of contact tracing and follow-up of defaulters is part of the duty of the superintendent health visitor, and an account of this work is given elsewhere.

In 1950, 1,530 samples of blood were taken from patients attending the municipal and hospital antenatal clinics. 998 of these were from patients at the Queen Elizabeth Hospital and 532 from patients attending the municipal clinics. Out of these numbers, 15 patients with a positive Wassermann reaction were detected and were referred for treatment. 10 were co-operative and gave birth to healthy children with the exception of a single still birth, one patient attended and defaulted, and she also gave birth to a live healthy child. 3 patients did not attend. 2 of these gave birth to live apparently healthy children, but there was one miscarriage at 3 months. One patient proved ultimately not to be pregnant.

PART IV. MISCELLANEOUS SERVICES.

A. National Assistance Act, 1948 (Section 47).

18 persons were referred to the Medical Officer of Health for possible action under section 47 of the above Act. In 8 cases the information came from welfare officers, in 5 instances from officers of the public health department, in 3 instances from family practitioners, in one from a relative and in one instance from an anonymous telephone call.

In 9 of these cases, the necessary certificate was issued and as a result two patients were admitted to a private nursing home, 4 patients voluntarily entered Fountain View Welfare Hostel, one patient was removed to Bensham Hospital, and 2 died before the admission was arranged. In the 9 remaining cases, one went voluntarily to Fountain View Hostel, 2 were considered not suitable for legal action under the Act, one patient was referred to his family doctor, one was provided with a home help and 4 were referred for further observation, in one case by the duly authorised officer and in three cases by the welfare officer.

B. Welfare of the Blind.

Through the courtesy of Mr. E. Waton, Director of Welfare Services, Gateshead, I am able to reproduce the following tables relative to the status of the blind at the end of the financial year in March, 1951 :—

				<i>Total</i>	<i>Males</i>	<i>Females</i>
Registered Blind Persons	...	...	...	288	136	152
<hr/>						
Children Aged under 16—						
Educable	...	...	...	5	3	2
Ineducable	...	...	...	1	1	—
				6	4	2
<hr/>						
Attending Special Schools for the Blind	...			5	3	2
<hr/>						
Occupations of Employed Persons.						
<i>Workshops for the Adult Blind.</i>						
Basket workers	...	...	...	2	2	—
Mattress makers	...	...	...	2	2	—
Brush makers	...	...	...	4	4	—
Sewing machinists	...	...	...	1	—	1
Mat makers	...	...	...	4	4	—
Ships fender maker	...	...	...	—	—	—
Machine knitter	...	...	...	1	—	1
<hr/>						
<i>Otherwise Employed.</i>						
Piano tuners	...	...	...	1	1	—
Telephone operators	...	...	...	2	2	—
Open employment	...	...	...	5	4	1
				8	7	1
<hr/>						
Physically and Mentally Defective and Mentally Disordered.						
Mentally disordered	...	...	...	—	—	—
Mentally defective	...	...	...	4	4	—
Physically defective	...	...	...	7	5	2
Deaf without speech	...	...	...	3	1	2
Deaf with speech	...	...	...	22	10	12
Hard of hearing	...	...	...	—	—	—
				36	20	16
<hr/>						

C. Pharmacy and Poisons Act.

49 persons were registered for the sale of poisons listed in Part II of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in 1950.

D. Superannuation Acts.

61 persons were examined under these Acts, all, with 1 exception, for new appointments with the Gateshead Local Authority. Under the modified scheme for manual workers employed by the Local Authority, 44 persons were examined, 24 males and 20 females.

PART V. SANITARY CIRCUMSTANCES OF THE AREA.

(Report of the Chief Sanitary Inspector, W. A. Mears).

General.

The year 1950 has been one of progress and activity, unmarred by staff shortages.

Mr. Wilkinson and Mr. Thirkell, District Sanitary Inspectors, were successful in the examinations held by the Royal Sanitary Institute for Inspectors of Meat and Other Foods. Each member of the Inspectorial Staff now holds this additional qualification, a situation which is surely unique in Gateshead.

The prolonged rainy period was responsible for the receipt of a large number of complaints regarding defective roofs and spouting while the extreme cold period of the closing months of the year resulted in hundreds of complaints of a lack of water, which was due to the Water Company turning off the water owing to burst pipes. In this respect, there would appear to be a general lack of appreciation of their responsibilities on the part of occupiers, and one would like to see greater care taken of water pipes and cisterns by lagging coupled with the provision of some form of heat during frosty weather.

Clean Food Campaign.

The Clean Food Campaign was fully maintained by talks and film shows and by personal contact with shopkeepers, food handlers and Women's Guilds, etc.

The survey of food shops and cafes, etc., begun last year, has now been completed, and arrangements well in hand for a follow-up programme to ensure the operation of the requirements of the Food and Drugs Act and Byelaws.

The new Byelaws for the "Handling and Wrapping and Delivery of Food and Sale of Food in the Open Air" came into operation on the 25th day of September, 1950. Steps have been taken to bring these to the notice of all shopkeepers, assistants, and all handlers of food, by the distribution of a printed leaflet giving a summary of the provisions of the Byelaws and other obligatory legislation concerning food premises.

New Legislation.

New legislation in the form of the "Prevention of Damage by Pests Act, 1949", came into operation on the 31st March, 1950. This Act places on the Local Authority the duty of taking the necessary steps to ensure that their district is kept free from rats. An important and desirable change under this new set up is that the Local Authority is now empowered to deal with agricultural land, which was previously under the jurisdiction of the County Agricultural Executive Committee.

Sewer Rat Campaign.

The continuation of the maintenance treatment of the sewers in accordance with the Ministry of Agriculture and Fisheries scheme resulted in two further treatments (11th and 12th) and test baitings being carried out during the year. The "estimated kill" figures given in the summary later in the report show an increase on 1949.

Surface surveys and treatments, where necessary, of dwelling houses and factories and refuse tips were carried out as in previous years.

Gateshead, being a riverside borough, is prone to major infestations from shipping and dockside warehouses and stores. The value of the rodent operations cannot be assessed in cost per rat destroyed, as estimated figures may fall short, or be above the actual figure. Certain it is that any slackening off in the campaign would immediately result in an increase in the rat population, with a consequent menace to the public health from the contamination of foodstuffs and the spread of rat-borne disease from large uncontrolled rat colonies.

A. Water Supply.

The Newcastle and Gateshead Water Company's monthly statement of "water in store", expressed in terms of million gallons, showed a variation between a minimum of 3,589, representing 128 days' supply (based on 28 million gallons daily consumption), and a maximum of 5,342 representing 190 days' supply.

Circular 2/50.

1. The water supply in the whole area is satisfactory in
 - (a) Quality
 - (b) Quantity.
2. Regular examinations were made of the water going into supply.
3. There is very little chance of Plumbo-solvent action in the public water supply.
4. A complaint of abnormal appearance and of foreign matter in the water was reported to the Water Company. This was alleged to have taken place during cleansing operations at the Company's reservoir and was quickly rectified.
5. Practically all supplies are direct to houses (32,079 houses with a population of 115,500); of these there are 2,097 where the supply is not inside the house.
6. Fifteen samples were taken for bacteriological and eleven for chemical examination.

Specimen results of each test of the piped supply from the Water Company are given below :—

Chemical Examination			Parts per 100,000	Bacteriological Examination Plate Count Colonies per ml.		
Total Solids at 180°C.	...	...	16.0	<i>Coliform Bacillus</i> per 100 ml. 0		
Chlorine as Chlorides	...	...	1.24			
Free Ammonia	...	...	0.007			
Albuminoid ammonia	...	...	0.007			
Nitrogen as nitrates	...	...	0.07			
Oxygen absorbed (4 hours at 80°F)			0.230			
Total hardness	...	...	9.5			
Permanent Hardness	...	...	2.5			
Temporary Hardness	...	...	7.0			
Lead and Copper	...	...	None			
Iron	...	...	0.01			
Appearance and Colour	...	...	Pale yellow			
(Hazen degrees 15)			almost clear			
Smell and Taste	...	...	Satisfactory			
Microscopical Examination of Deposit			Satisfactory			

Both the analyst and the bacteriologist are of the opinion that the water is suitable for a Public Water Supply.

B. Sewerage, Drainage and Closet Accommodation.

The replacing of the old sewer between Wrekenton and Low Fell by the larger sewer necessitated by large scale housing development has been completed.

An additional sewer for the purpose of taking surface water into the adjoining local authority, and a pump house for pumping foul sewage back into the gravity system of the Borough, have been completed.

Provision has been made for a second pump house situated outside the Borough for the purpose of pumping back sewage from a further area of development outside the boundary.

Remedial measures have had to be taken on sewers in Church Street and Cooper Street areas.

With the exception of a few isolated houses on the outskirts of the town, where sewers are not available, water carriage is the system throughout the Borough. Most of the exceptions are houses which are earmarked for future demolition.

C. River Pollution.

The continued discharge of crude sewage into the River Tyne by this and other riverside authorities continues to be a serious nuisance. The effect produced by the discharge from trunk sewers near the Bridges during stagnation periods at changes of tide must be seen to be fully appreciated. This archaic system, a legacy based on economy rather than efficiency, has now reached a point when every effort should be made to bring about a modern system of sewage disposal for the whole of the Tyneside area. Conditions during 1950, whilst not quite so serious as the dry summer of 1949, were far from satisfactory.

D. Public Cleansing.

I am indebted to Mr. W. C. S. Culley, M.INST.P.C., Cleansing Superintendent, for the summary of the year's work.

(a) Refuse Collection and Disposal.

Number of Dust Bins and dry boxes in the Borough 34,709

During the year, a regular weekly collection of House and Trade Refuse was maintained, and it is calculated that approximately 1,804,868 calls were made for dust bins and dry boxes at all classes of premises. The total quantity of refuse collected amounted to 43,278 tons, which was disposed of as follows :—

Springwell Tip	...	...	19,558 tons
Farnacres Tip	...	...	18,521 „
*Shuttles	...	...	3,868 „
Hermitage Tip	...	...	919 „
Moss Heaps Tip	...	...	412 „
			<hr/>
			43,278 „
			<hr/>

*By means of controlled tipping of House and Trade Refuse an additional recreation ground will be provided in the Borough at the Shuttles, during the present year.

(b) Dust Bins.

1,103 defective bins were replaced by British Standard Dust Bins supplied to local property owners from the stocks of this Department during the year.

(c) Street Cleansing.

The roads and streets of the Borough, of which there are approximately 140 miles, were regularly cleansed, and the quantity of street sweepings collected amounted to 2,789 tons, which was disposed of as follows :—

Farnacres Tip	...	...	2,006 tons
Springwell Tip	...	...	760 „
Shuttles Tip	...	...	23 „
			<hr/>
			2,789 „
			<hr/>

In addition, about 6,750 street gullies were emptied, cleansed and re-sealed at monthly intervals during the year.

(d) Salvage.

The bag and bucket system of Salvage Collection introduced in December, 1947, was extended during the year, and up to the end of December, 1950, 8,065 bags and buckets had been issued to dwelling houses within the Borough. It is proposed to further develop this system during 1951.

The total quantity of re-usable waste material collected throughout the Borough and returned to Industry amounted to 1,559 tons, valued at £5,682. Compared with the figures for 1949 these show a decrease of 94 tons collected, but an increase of £84 in revenue.

(e) Snow Clearance.

A freak snow storm of exceptional density was experienced early in December. The whole resources of the Cleansing and Transport Department, Borough Surveyor's Department and Chief Architect's Department had to be concentrated on the main roads to render them passable for traffic. During the 4th, 5th and 6th December, 1950, 1,898 loads of snow equal to 8,797 tons, were removed from the main roads.

E. Swimming Baths.

The water at both Mulgrave Terrace and Shipcote Baths is subject to continuous filtration and chlorination treatment. At both baths the water is taken from the town supply. Four samples were taken for bacteriological examination, all of which were found satisfactory.

F. (1) Inspection and Notices.

Complaints received and dealt with :—

General defects	...	...	...	1969
Absence of water supply	...	...	...	1194
Rodent infestations	...	...	...	259
Verminous premises	...	...	...	122
				<hr/>
				3544
				<hr/>

Sanitary Inspection.

Notices Issued.

Notices were served upon owners, agents and tenants requiring the abatement of nuisances and repair to dwellings, drains, sanitary conveniences etc.

No. of Informal Notices served	...	...	...	...	1877
No. of Informal Notices complied with	...	...	...	...	1773
No. of Premises respecting which Statutory Notices were served	...	...	...	...	69
No. of Premises where Statutory Notices were complied with	...	...	...	...	102
No. of Premises concerning which Statutory Notices were passed to the					
Borough Surveyor or Chief Architect to carry out in default	...	...	...	...	52
No. of Statutory Notices to provide Dustbins	...	...	...	...	143

Proceedings were taken in respect of an accumulation at a dwelling house following a fire. An order for the abatement of the nuisance was obtained but the Corporation removed the deposit in default.

(2) Summary of Inspector's Visits.

Public Health Act.

Infectious Diseases	...	...	...	...	...	747
Nuisances	...	...	...	...	...	603
Water Supplies	...	...	...	...	...	676
Stables and Piggeries	...	...	...	...	...	101
Drainage	...	...	...	...	...	1101
Offensive Trades	...	...	...	...	...	50
Tents, Vans, Sheds	...	...	...	...	...	23
Refuse Disposal	...	...	...	...	...	673
Smoke Nuisances	...	...	...	...	...	101
Verminous Premises	...	...	...	...	...	117
Other Infestations	...	...	...	...	...	216
Public Conveniences	...	...	...	...	...	9
Places of Entertainment	...	...	...	...	...	102
Miscellaneous...	...	...	...	...	...	37
						<hr/>

Housing Act.

Closing and Demolition Orders	...	...	...	373	
Slum Clearance	...	...	...	38	
Houses let in lodgings	...	...	...	111	
Overcrowding	...	...	...	49	
Defects and Repairs	...	...	...	10553	
					11124

Food and Drugs Act.

Food Inspection : Meat	117	
Other Food	...	...	...	235	
Inspection of :—					
Shops	...	...	...	1388	
Stalls	...	...	...	—
Vehicles	...	...	...	21	
Restaurants	...	...	...	156	
Food Factories	...	...	...	276	
Fish Fryers	...	...	...	236	
Dairies and Milkshops	...	...	...	283	
Ice Cream Factories	...	...	...	58	
Ice Cream Shops	...	...	...	146	
Knacker's Yard	...	...	...	25	
Food Poisoning Cases	...	...	...	69	
					3010

Factories Act.

Factories	164	
Outworkers	...	...	...	51	
					215

Shops Act ... 995

Diseases of Animals ... 108

Prevention of Damage by Pests ... 709

Total Inspections ... 20717

Total Visits ... 18331

(3) Sanitary Inspection of Public Buildings.

46 public halls, theatres and cinemas subject to annual licensing by the Licensing Justices and Local Authority were inspected and reported upon to the appropriate authority. Of these all but one which was subsequently put in order, were satisfactory. The proprietors readily carried out works of a minor character.

(4) Common Lodging Houses.

There are no common lodging houses in the Borough.

(5) Houses Let in Lodgings.

There are 53 tenement houses in the Register.

(6) Offensive Trades.

Fat Melter	...	...	1
Tallow Melters and Blood Driers	...	2	
Marine Store Dealers	...	4	
Tripe Preparers	...	1	
Rag and Bone Dealers	...	1	
		9	

(7) Burial Act, 1857. Exhumation.

A license having been issued by the Home Office under Section 25 of the above Act for the removal of human remains from a grave in the East Cemetery and their reinterment in another grave in the cemetery, a member of the staff of this Department attended at the appropriate time to ensure such action as was necessary in the interests of Public Health was duly taken in accordance with the conditions of the Licence.

(8) Knacker's Yard.

490 horses and ponies, 776 cows, 356 other bovines, 14 T.B. cows, 25 sheep and 2 pigs were disposed of at Dobson's Knacker's Yard, South Shore Road. The premises were satisfactorily conducted.

(9) Bakehouses.

Factory Bakehouses with mechanical power ...	...	43
Factory Bakehouse—manual ...	...	8

The sanitary conditions, on inspection, were generally satisfactory.

There are no underground bakehouses in the Borough.

(10) Shops Inspection.

Under the provisions of the Shops Act and Registration of Food Preparing Premises, and for the purposes of the Food and Drugs Act, and Food Inspection, 1,546 visits were made to 979 shops and warehouses. The following works were carried out:—

Sinks with hot and cold water fitted	122
Additional sanitary accommodation ...	9
Premises cleansed ...	98
General repairs ...	66
Drains cleared and repaired, etc. ...	31
Premises disinfested ...	9

(11) Clean Food Traders' Guild.

A Clean Food Traders' Guild was formed in March with an Advisory Committee elected from traders, Council members and Women's Guilds and others. This Committee meets monthly and formulates policy and procedure and will in due time it is hoped, administer the Guild. A number of applications for membership of the Guild have been received, and whilst none have yet been accepted, several of the premises qualify and will in the process of time be exhibiting the attractive "window display emblem" signifying their membership. It can thus be definitely stated that a quickening of interest has taken place in the question of Clean Food Handling. Much of the credit for this position must go to the Inspectors who, in their untiring enthusiastic co-operation in the survey and follow up visits to food shops and factories, have sown seed on good ground in many places. The local press by their prominent reports of meetings, and the Central Office of Information with their very efficient film shows have both taken no small part in the launching of the Guild. A survey of the licensed premises and factory canteens is contemplated in the very near future.

(12) Fertilisers and Feeding Stuffs.

Frequent visits were made to the premises where fertilisers and feeding stuffs are made. Certain improvements to eliminate offensive odours emanating from the premises were readily carried out and the premises generally kept in a sanitary condition.

4 samples of fertiliser were submitted for analysis and found to comply with the standards laid down.

(13) Merchandise Marks Act.

No action taken under this heading.

(14) Prevention of Damage by Pests Act, 1949.**Rodent Control.****Sewers.**

No. of treatments (half-yearly)	...	...	2	
Estimated kill of rats	...	...	...	1790

Business Premises.

No. of treatments	...	...	91	
Estimated kill of rats	...	...	...	1048

Corporation Establishments.

No. of treatments	...	...	8	
Estimated kill of rats	...	...	...	118

Dwelling Houses.

No. of treatments	...	...	96	
Estimated kill of rats	...	...	...	327

Corporation Refuse Tips.

No. of treatments	...	...	7	
Estimated kill of rats	...	...	...	387

Vacant Land.

No. of treatments	...	...	17	
Estimated kill of rats	...	...	...	172

221	3842
-----	------

219 treatments of infested premises were carried out with an estimated kill of 2,052.

(15) Eradication of Bed Bugs.

Particulars of the action taken for the eradication of bed bugs.

(1) The number of:—

(a) Council Houses inspected	...	...	19
(b) Other Houses inspected	...	...	32
(i) Found infested	...	...	51
(ii) Disinfested	...	...	51

(2) The methods employed for freeing infested houses from bed bugs were as set out in previous reports.

Other Verminous Conditions.

Advice was sought by 33 tenants (including 13 Council) complaining of infestation of beetles, etc. In certain cases, floors, skirting boards and hearths were taken up and all cavities and woodwork sprayed with insecticides; in other cases, powder was supplied.

52 fumigations were carried out in connection with rehousing furniture removals. The Queen Elizabeth and Bensham Hospitals were treated for beetles, as required, also four canteen kitchens in the Teams Valley Trading Estate.

(16) Atmospheric Pollution.

7 complaints were received of excessive smoke from factories. Observations were taken of these and other chimneys found to be emitting excessive black smoke. Letters to the management drawing attention to the fact, along with advice, generally resulted in some temporary improvement. The chief offenders are 1 Coke Bye-Product Works, 2 Paper Works, 2 Breweries and 2 Clothing Factories. In two of these, larger boilers are in course of construction, and another is being converted to liquid fuel. It is anticipated that the changes will result in a reduction of the smoke periods.

Three Deposit Gauges and one Lead Peroxide Instrument have been set in position at sites already selected and approved. The records from these instruments are communicated to the Fuel Research Station for comparison with others over the whole of the country.

(17) Infectious Diseases.

747 visits were made to cases of infectious diseases notified to the Medical Officer of Health. Housing conditions, means of isolation, milk supply, etc. were enquired into.

(18) Factories Act, 1937.

The Register of Factories, required to be kept by the District Council in accordance with Section 8(3) of the Act, shows a total of 507 factories in the Borough at the end of the year.

Defects and contraventions found during the course of inspection were in all cases remedied by the co-operation of the occupiers responding readily to written or verbal notices relating to these matters.

Notices in respect of 12 factories, relating to matters which are the concern of the District Council under Part I of the Act, were received from H.M. Inspectors of Factories and were attended to with satisfactory results. Close co-operation continues to be maintained with H.M. Inspector of Factories.

A summary of particulars required by Section 128(3) as requested by the Ministry of Labour and National Service on Form 572 is shown in the following tables :—

1. Inspections.

<i>Premises</i>	<i>Number</i>	<i>Number of</i>		
		<i>Inspec- tions</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	81	35	2	—
(ii) Factories not included in (i) to which Section 7 applies	418	126	10	—
(iii) Other Premises under the Act	1	2	1	—
Total	500	163	13	—

2. Defects.

Particulars	Number of cases in which defects were found				Prosecu- tions
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness ...	1	—	—	1	—
Overcrowding ...	—	—	—	—	—
Unreasonable Temperature ...	—	—	—	—	—
Inadequate Ventilation ...	2	2	—	—	—
Ineffective drainage of floors ...	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient ...	4	4	—	3	—
(b) Unsuitable or defective ...	8	6	—	6	—
(c) Not separate for sexes	3	—	—	2	—
Other Offences ...	1	—	—	—	—
	19	12	—	12	—

Outworkers.

30 outworkers were notified as being employed by the occupier of a factory within the Borough. In the cases of 12 of these, the places of employment being outside this District, the names and places of employment were furnished to the Councils of the districts concerned.

The names and places of employment of 17 outworkers, employed by the occupiers of factories outside the Borough, were furnished to the Council of this District.

A total of 38 workers were registered, 20 making wearing apparel and 18 making boxes of cardboard, paper, or similar material.

There were no contraventions of Part VIII of the Act.

51 Visits were paid to houses of outworkers.

G. Diseases of Animals Acts and Orders.

Report of action taken by the Inspector of the Local Authority.

The veterinary inspections required by the Diseases of Animals Acts were carried out by the Divisional Inspectors of the Ministry of Agriculture and Fisheries, supplemented by certain local administration of the various Orders and Regulations.

Live Stock Markets.

Statement of number of animals which passed through Messrs. Maughan's Auction Marts, Tyne Road East, which is an official collecting centre.

		<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle ...	2219	1500	
Sheep ...	4879	—	
Calves ...	249	—	
Pigs ...	6749	1495	
Dairy Cows ...	—	50	
Horses ...	—	648	
	14096	3693	

86 sales were held and one of the staff attended all sales for the purpose of issuing movement licences and the general supervision of cleansing and disinfection.

Irish Animals Order—Authorised Market.

No. of sales	...	...	...	18
Cattle arriving	...	...	...	1112
Licences issued for movement out	...			73
Licences issued for movement in	...			35

Copies of the licences were sent to all receiving authorities to enable them to check arrival and detention at the farms.

Transit of Animals Order.

Cleansing and disinfection of road vehicles was supervised at Messrs. Maughan's Washing Dock, Redheugh Bridge Road, at which 250 vehicles were dealt with.

Swine (Movement) Order.

Under these Orders, licences were received or issued as follows :—

			<i>Received and Checked into the Borough</i>	<i>Issued for movement out of Borough</i>
Store pigs	...	...	217	602
Fat pigs for slaughter	...		—	—
Fat pigs for market	...		—	—
Licences	...	...	22	109

Swine Fever and Other Scheduled Diseases.

The Borough was free from any outbreaks of contagious diseases amongst animals.

Tuberculosis Order.

Reports upon the inspection of dairy herds were received from the Divisional Veterinary Inspectors, with whom close co-operation was maintained and whose advice and assistance was readily available.

1 case of tuberculosis was reported under the Order, 1 case of mastitis was also reported. Each case was visited, and all the milk from the herd was pasteurised until a clearance certificate was issued by the Ministry of Agriculture and Fisheries.

PART VI—INSPECTION AND SUPERVISION OF FOOD.

A. Milk and Dairies.

1. Cowbyres.

There are now only 6 cowbyres in the town, housing approximately 120 cows (licensed by Ministry of Agriculture and Fisheries).

Milk Retailers.

Wholesale Dealers Retailing in Gateshead	...	...	15
Wholesale Dealers Retailing from outside	...	...	9
Producer Retailers (now registered by Ministry of Agriculture and Fisheries)	...	...	4
Producer not Retailing (now registered by Ministry of Agriculture and Fisheries)	...	...	1
Producer Retailers from outside areas	...	...	2
Retailers (Dairies and Shops)	...	...	319
			<hr/> 350 <hr/>

2. Purity of Milk.

60 formal samples of milk were taken (see table under Section C).

3. Milk (Special Designation) (Raw Milk) Regulations, 1949.**Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.**

The following table gives the various grades for which 393 licences were issued.

Tuberculin Tested and Accredited.

Dealers Licences	...	...	...	...	38
Supplementary Licences	...	...	...	...	4

Pasteurised and Sterilised.

Dealers' Pasteurisers Licences	...	...	...	4
Dealers' Sterilisers Licences	...	...	...	1
Dealers' Licence to use designation "Pasteurised"	...	...	...	47
Dealers' Licence to use designation "Sterilised"	...	...	...	295
Supplementary Licences to use designation "Pasteurised"	...	...	...	4
				<hr/> 393 <hr/>

Bacteriological Examination of Milk.

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designations) (Raw Milk) Regulations, 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and the Heat Treated Milk (Ministry of Health) Circular 31/44.

(1) Methylene Blue Test	...	...	...	261
(2) Phosphate Test	...	...	...	199
(3) Tuberculosis Biological Test	...	...	...	30
(4) Turbidity Test for Sterilised Milk	...	...	...	20
				<hr/> 510 <hr/>

BACTERIOLOGICAL EXAMINATION OF MILK.

<i>Class of Milk</i>	<i>Appropriate Tests</i>	<i>Number Examined</i>	<i>Number Satisfactory</i>	<i>Number Unsatisfactory</i>	<i>Per cent. Satisfactory</i>
Pasteurised ...	Met. Blue	80	74	6	92.5%
	Phosphatase	80	80	—	100.0%
School Milk ... (Pasteurised) ...	Meth. Blue	91	87	4	95.6%
	Phosphatase	91	91	—	100.0%
Sterilised ..	Turbidity	20	20	—	100.0%
T.T. (Pasteurised)	Meth. Blue	36	31	5	86.1%
	Phosphatase	28	28	—	100.0%
Tuberculin Tested	Meth. Blue	24	17	7	70.8%
Accredited ...	Meth. Blue	13	8	5	61.5%
Ungraded ...	Meth. Blue	17	11	6	64.7%
		480	447	33	93.1%

The number of milk samples taken in 1950 was slightly larger than in the previous year but a reduction in the number of actual tests was due to the fact that the *Bacillus Coli* Test is now obsolete.

A comparison of the results shows an improvement in all grades with the exception of Tuberculin Tested (Pasteurised). The majority of the failures in this designation were taken from the same plant. Swabs from the plant components were submitted for bacteriological examination with the result that the cooler was found to be the offender. Thorough overhauling and systematic and thorough cleansing have now resulted in a satisfactory working of the whole unit.

Of the 30 samples submitted for the animal inoculation tuberculosis test, three were found to be positive and in 5 cases the guinea pigs died before the tests were completed.

The first positive T.B. Sample was from an accredited herd outside the Borough. The Ministry of Agriculture and Fisheries had one cow slaughtered which was found to be in an advanced state of the disease. The second report of the Ministry showed two further positive animals in the herd, and a second cow was slaughtered.

A notice under the Milk and Dairies Regulations, 1949, was served prohibiting the sale of milk until heat treated. The farmer then decided to continue having the milk treated as a permanent safeguard.

The second positive sample was from a T.T. herd, also outside the Borough and was reported to the Ministry of Agriculture and Fisheries and the Authorities concerned.

A notice was served on the dairyman retailing the milk in this town, requiring him to pasteurise the milk and this has been carried out as a permanent measure.

The third positive sample was from a non-designated herd in the Borough. The Ministry of Agriculture and Fisheries were notified and a notice served on the farmer requiring the milk to be heat treated.

The first Interim Report of the Ministry revealed that one cow with advanced tuberculosis had been slaughtered, another cow with indurated udder tested, and three group samples taken. Upon receipt of the final notice from the Ministry of Agriculture and Fisheries clearing the herd, the notice regarding the heat treatment of the milk supply was withdrawn.

Schools and Nurseries Milk Supply.

The number of samples of Pasteurised Milk taken at different schools, and nurseries was 92 (included in the foregoing tables) all the schools in the Borough being covered. Of these 94·5 per cent were reported as satisfying the methylene blue test and 100 per cent satisfied the phosphatase test.

No samples were taken at the Hospitals since the transfer to the National Health Service. A letter was received in November, 1950, asking for the sampling to be resumed.

Heat Treated Milk (Ministry of Health) Circular 31/44.

In accordance with the above circular, samples of Pasteurised and Sterilised Milks were taken regularly from each of the five licensed heat treatment plants in the Borough as shown below :—

70 samples of Pasteurised Milk were taken at dairies and 5 of these (7·1%) failed to satisfy the methylene blue test. All passed the phosphatase test.
 31 samples of T.T. Pasteurised Milk taken at the dairies and 5 of these (16·1%) failed to satisfy the methylene blue test but all passed the phosphatase test.
 20 samples of Sterilised Milk were taken at the dairy and all passed the Turbidity test.

Milk Bottles.

In order to test the efficiency of the milk bottle washing machines at the various dairies, six empty milk bottles were sent to the Public Health Laboratory for bacteriological examination. Five were reported as satisfactory and one as very unsatisfactory. In this latter case, adjustments were made to the washing machine and a further sample taken and found to be very satisfactory.

4. Bacteriological Examination of Ice Cream.

62 samples of Ice Cream were submitted for the methylene blue grading test and the results were as follows :—

Grade 1 ...	...	...	...	23
Grade 2 ...	...	...	...	17
Grade 3 ...	...	...	...	7
Grade 4 ...	...	...	...	15
				—
				62
				—

Samples falling into Grades 1 and 2 are considered satisfactory and those in Grades 3 and 4 unsatisfactory.

The percentage satisfactory during 1950 was 62·9% as compared with 54·9% in 1949.

18% of the unsatisfactory samples were from outside sources and were reported to the authorities concerned.

All ice cream factories in the town have been visited regularly and the manufacturers have made every effort to produce a clean and safe ice cream.

Chemical Analysis of Ice Cream.

5 samples of ice cream were submitted for chemical analysis and the results were as follows :—

<i>Samples</i>				<i>Fat %</i>
1	...	...	...	1·4%
2	...	...	...	7·4%
3	...	...	...	7·2%
4	...	...	...	1·4%
5	...	...	...	6·4%

The results of these samples were forwarded to the Liaison Division, (Food Standard and Food Hygiene) Ministry of Food.

Ice Cream Premises.

Registrations cancelled during 1950	...	...	...	2
No. of Premises registered for sale of ice cream during 1950	59			
Total number of premises at present registered for sale/or manufacture of ice cream	...	...	...	152

B. Inspection of Meat and Other Foods.

1. Slaughterhouses.

The private slaughter houses in the Borough have not been used since slaughtering was centralised in Newcastle under Government control.

2. Unsound Foods.

The work of the qualified meat and food inspectors involved the examination of meat, and consignments and stocks in the shops, stores and depots, and the sorting out and inspection of suspicious tins and packages. This involved much time and care. All food materials suitable for the preparation of animal feeding stuffs were salvaged others being sent to registered premises for conversion to fertilisers or destroyed.

Condemned Foodstuffs.

The following table summarises the total weight in lbs. of each commodity from shops, stores, warehouses, etc. condemned during 1950.

				lbs.
1.	Butcher Meat and Bacon	...	...	114,875 $\frac{1}{4}$
2.	Fish (Fresh and Dried)	...	...	365
3.	Provisions	...	...	383
4.	Fruit and Vegetables	...	...	55
5.	Carton and Packet Goods (Cereals, etc.)	...	...	263 $\frac{1}{2}$
6.	Tinned Meat and Fish	...	...	2013 $\frac{1}{4}$
7.	Tinned Vegetables, Fruit, Soups, etc.	...	...	2,073 $\frac{3}{4}$
8.	Tinned Milk	...	...	1,124
9.	Preserves (Pickles, Essences)	...	...	204 $\frac{1}{2}$
				<hr/>
				121,357 $\frac{3}{4}$

Transport and Handling of Meat.

Several complaints were received from butchers in respect of dirty meat supplied to them by the Ministry of Food. These, upon investigation, were found to fall into two main classes (1) Carelessness in slaughtering—carcasses of mutton and lamb fouled with stomach contents. (2) Carelessness in transport—meat contaminated with dirt, etc. Letters and personal interviews resulted in some improvement.

A great deal could be written on this subject but according to Circular MF/20/49 the Ministry of Food and the organisation responsible for the transport and handling of meat are very well aware of the laxity prevailing. If the meat was the property of the butcher at an earlier stage—in other words, if he was enabled to purchase and transport his own, one cannot but be of the opinion that greater care would be exercised in this connection, to the benefit of all concerned including the long suffering, innocent victim—the consumer.

Importation of Foodstuffs.

The following table shows the amount of foodstuffs landed at Hillgate Quay from the Continent and Channel Islands.

					tons
1.	Milk and Milk Powder	...	...	...	406
2.	Margarine and Cooking Fats	...	...	...	127
3.	Fruit and Vegetables	...	...	...	5684
4.	Vinegar	...	...	...	3
5.	Pickles	...	...	...	168
6.	Cheese	...	...	...	231
7.	Jams and Syrup	...	...	...	488
8.	Dried Egg and Custard Powder	...	...	...	50
9.	Cake and Biscuits	...	...	...	207
10.	Beer, Wine, Spirits and Alcohol	...	...	...	33
11.	Flour and Cereals	...	...	...	168
12.	Tinned Meats	...	...	...	596
13.	Chocolate and Confectionery	...	...	...	237
14.	Other Foodstuffs	...	...	...	1577
					<hr/> 9975 <hr/>

C. Food and Drugs Act, 1938.

Samples taken for Analysis during the year 1950.

					Total	Genuine	Adulterated or Irregular
Formal.							
Milk	...	...	...	...	60	59	1 (No. 254)*
Beef Sausage	...	...	...	...	1	—	1 (No. 49) *
Informal.							
Edible Oil	...	...	...	...	1	1	—
Solid Soft Drink (Solsy)...	...	...	...	...	1	1	—
Fish Pastes	...	...	...	...	5	5	—
Cornflour	...	...	...	...	2	2	—
Chocolate Coated Chew	...	...	...	...	1	1	—
Compound Pepper	...	...	...	...	1	1	—
White Pepper	...	...	...	...	1	1	—

Shredded Suet	...	...	...	1	1	—
Drinking Chocolate	...	...	...	1	1	—
Jelly Crystals	...	...	...	1	1	—
Cocoa (Bourn-Vita)	...	...	...	1	1	—
Coffee	...	...	...	1	1	—
Glycerine, Lemon-Ipec Mixture	...	...	...	1	1	—
Wintergreen Ointment	...	...	...	1	1	—
Camphorated Oil	...	...	...	1	1	—
Sulphur Ointment	...	...	...	1	1	—
Basilicon Ointment	...	...	...	1	1	—
Mineral Waters	...	...	...	5	5	—
Ice Cream	...	...	...	5	5	—
Cheese...	...	...	...	1	1	—
Butter	...	...	...	2	2	—
Margarine	...	...	...	1	1	—
Cooking Compound	...	...	...	1	1	—
Toffee	...	...	...	1	1	—
Chutney Sauce	...	...	...	1	1	—
Tomato Piquant	...	...	...	1	1	—
Sherbert Sucker	...	...	...	1	1	—
Lemonade Powder Sucker	...	...	...	1	1	—
Fizzy Fountain	...	...	...	1	1	—
Meat Pastes	...	...	...	2	2	—
Lemon Curd	...	...	...	1	1	—
Ice Lollies	...	...	...	5	5	—
Potato Crisps	...	...	...	5	5	—
Mince Meat	...	...	...	5	5	—
Portion of Table Jelly	...	...	...	1	1	—
				123	121	2

* Public Analyst's Report on Sample No. 254.

“Deficient in non-fatty solids to the extent of 2·1% which indicates the presence of 2·1% of extraneous water.

Observation : The presence of added water is not confirmed by the Freezing point of the sample which is 0·538°C. Normal Milk freezes between 0·53 and 0·56°C.”

* Sample of Beef Sausage No. 49.

“Deficient in meat content to the extent of 2·6% of minimal amount. Reported to Town Clerk for action by Ministry of Food”.

PART VII—HOUSING.

Much has been, and is being said, regarding the adverse housing situation and its evil effect upon the populace. People living in satisfactory houses cannot fully appreciate the serious mental and physical effects of bad housing on those unfortunate enough to be compelled by force of circumstances to endure such conditions.

The extent of human misery caused by the absolute lack of housing accommodation cannot be measured by any known standard, but it is reflected all too frequently in the piteous appeals received from people begging to be allowed to occupy condemned houses which have become vacant. These houses, it must be noted, have only been condemned as a last resort, and because they were in such a state as to be a positive menace to the occupants. Yet many others would gladly accept the tenancies as a means of escape from their present circumstances.

The number of people affected by bad housing is undoubtedly in a minority, but the minority includes very large numbers of the people in the Borough.

Bad housing conditions can be classified as coming under three heads :—

1. Unfit houses
2. Overcrowding in unfit houses
3. Overcrowding.

To appreciate the extent of each of these problems within the Borough, certain established facts must be considered along with other available information.

In respect of unfit dwellings, 178 houses included in the 5 years Slum Clearance Programme originally laid down in 1933, and 1,208 houses of the Supplementary Clearance Programme of 1938, are still in existence. Little imagination is required to realise the present condition of the majority of these houses, when it is remembered that since 1939 all that has been possible has been to compel first aid repairs, especially under the Public Health Acts. Indeed any work in excess of these requirements is nothing short of waste in material, labour and money.

Any doubts regarding the condition of these properties can be dispelled by the fact that the owners would gladly accept demolition orders, and in some instances owners have asked the Authority to apply such orders.

It is therefore not surprising that property earmarked for Slum Clearance in 1933 and 1938 as being totally and irremediably unfit for habitation and kept tenanted since that time with the very minimum of repairs, should now be in such a state as to be a veritable menace to the occupants and a disgrace to any self-respecting community, however strong may be the excuses for such houses remaining inhabited.

During the year individual Demolition and Closing Orders were applied to 27 houses. To this number must be added 74 houses affected by such orders made prior to 1950, making a total of 101 houses accommodating 117 families. Of these families, only 40 were rehoused during the year. The houses to which individual orders have been applied create a fresh problem, for a period of up to two years usually elapses before the tenants can be rehoused, and this period of stagnation, when no repairs are possible, has only one effect, which is to make such houses almost indescribably unfit.

The following table gives the position at the end of 1950 regarding houses subjected to Demolition Orders, Closing Orders, and undertakings by owners not to relet.

<i>Orders made</i>	<i>No. of Houses</i>	<i>Year Made</i>	<i>No. of families involved</i>	<i>Families rehoused 1950</i>
Demolition Orders	23	Prior to 1950	29	15
Closing Orders	44	„	54	13
Undertaking not to Relet	7	„	8	4
Demolition Orders	21	1950	20	6
Closing Orders	5	„	5	2
Undertaking not to Relet	1	„	1	NIL
	101	—	117	40

Regarding overcrowding, the survey of 1936 showed Gateshead to be the second most overcrowded County Borough in England, and in the years up to 1939 overcrowding was only alleviated where it existed within the slum clearance areas dealt with during those years. Between 1939 and 1945 the overcrowding situation deteriorated greatly, because all building operations ceased, while with the activities of both heavy and light industries, there was an increase in the number of families within the Borough.

An accurate indication of the present number of families living in overcrowded conditions would only be possible by making a complete overcrowding survey. This is naturally an expensive procedure, which, it is considered, would not be justified by the result.

Consideration of all the available evidence suggests no reason to alter the previous estimate of 7,500 families living in sub-let rooms and overcrowded conditions.

One must now consider what has been done since the end of the war in 1945 to meet the position described. Up to the beginning of the year, 1,071 houses had been provided and during the year a further 222 houses were built and tenanted, a total of 1,293 houses provided in five years.

The 222 houses added during 1950 were provided in the Lobley Hill and Beacon Lough Estates, both of which were completed during the year, and in the Lyndhurst and Wrekenton Estates, which are expected to yield 344 additional houses.

Small sites which are in process of being built up will eventually provide a total of 238 houses. In all, therefore, only a potential total of 582 houses can be made available from the building sites available within the boundaries of the Borough.

A. Housing Requirements.

In accepting the number of families living in overcrowded conditions at 7,500, one does not of necessity infer that 7,500 houses will have to be provided. As each new house is made available, its occupation will either relieve overcrowding in another house, or render a dwelling available for a smaller family.

The ultimate extent of this decanting process is a matter of conjecture in the absence of an overcrowding survey, but it is strongly urged that a minimum of 5,000 new houses should be taken as a housing target until fresh information gives reason to vary this figure, which includes provision for the rehousing of persons from condemned properties.

B. Slum Clearance.

As previously mentioned, there remained at the outbreak of war in 1939, 1,386 houses in areas scheduled for clearance.

Deterioration has also occurred in properties which would normally have been considered next in turn for inclusion in clearance areas.

The result of this process is that there now exists several additional zones of unfit housing which require such extensive works of repair that they could not be carried out at a reasonable cost, having regard to the value of the property if those works were completed. These properties can only be scheduled for future slum clearance operations.

Investigations now in progress will give the number of properties so affected, but a preliminary survey has been made.

C. Housing Survey.

During the year, a housing survey was carried out with the prime object of ascertaining how many sub-standard houses existed within the Borough, so that in the event of any improvement scheme being undertaken, house to house inspection and all other works incidental to such a scheme could be directed to specified areas. Information could also be made available as to the extent of the work which would be entailed in the event of a house to house survey of sub-standard houses being undertaken. Another object of the survey was to define those houses of a good type and not requiring detailed inspection, and those houses already scheduled for clearance and therefore possessing no improvement value, for the removal of these two types from a detailed survey would greatly reduce the cost of same.

Other information was considered worthy of collection, such as the number of houses lacking the amenities of internal water supply, bath in a separate room, and the separate use of a water closet.

All information collected is available in relation to each ward of the Borough, each district of the separate wards, and each road, street, etc. within those districts.

The following table gives the number of houses within the group, as named at the head of the column, which were found to exist in each of the separate wards, and the total number in each group for the entire Borough. (See attached table).

The last group of 18,966 sub-standard houses are those lacking amenities and not scheduled for clearance. Particular attention must therefore be paid to this group to decide what action will be most applicable in respect of each house.

- A second survey is being carried out on this group to ascertain
- (a) how many of those houses are worthy of consideration for improvement ;
 - (b) how many can be kept "alive" by works of repair, but are unfit subjects for improvement ;
 - (c) how many are in such a condition as to make them suitable only to be included in clearance areas.

The exact number of houses within each category will of course only be shown by the result of this second survey, but there is no doubt that a large number will fall within category (c).

D. Housing Repairs.

Sections 9 and 10 of the Housing Act, 1936, were again applied during 1950 and satisfactory conclusions may be drawn from the results achieved.

In still fewer instances was statutory action necessary, and the satisfactory state of affairs referred to in last year's report was maintained, when the majority of the repairs were effected by informal notice only. This is undoubtedly the result of carrying out works in default in previous years.

The following table shows the number of notices served and complied with in this regard :—

Informal notices served	...	...	...	...	1877
„ „ completed	...	...	...	...	1773
Statutory notices served	...	...	...	...	69
„ „ completed	...	...	...	...	102
Work passed to Chief Architect to carry out in default					52

The extreme difficulty of operating the repair sections of the Housing Act, 1936 (9 and 10), becomes more acute as the properties involved continue to depreciate. Repair costs continue to soar and have reached almost prohibitive heights, while rents again remain static. Pre-war comparisons are thus further progressively alienated as cost of repair against value of the property show no stable relation. To all intents and purposes, this places the majority of the older houses in the northern end of the town in one category only—that of clearance either in Areas or by Deomlition Orders.

W. A. MEARS,

Chief Sanitary Inspector.

COUNTY BOROUGH OF GATESHEAD.

PRELIMINARY HOUSING SURVEY.

Wards	No. of Houses	Type of House				External Water Supply	Without Bathrm.	Using Common W.C.	Totally Unsuit-able for Improve	Of good Standard	Required Detailed Survey	Sched. for Pre-servation
		S.C.	Flat	Cottage Bungalow	Tene-ment							
North ...	2,106	214	1,843	—	49	494	2,064	550	8	27	2,071	7
North East ...	1,473	652	730	25	66	367	672	359	261	775	437	2
North West ...	3,617	835	2,744	30	8	111	2,492	325	88	1,056	2,473	—
East ...	4,378	1,726	2,636	10	6	35	2,246	168	13	1,991	2,374	4
Central ...	2,906	972	1,894	2	38	96	2,310	133	13	466	2,427	19
East Central ...	2,590	382	2,090	6	112	877	2,493	348	845	14	1,731	—
West Central ...	2,831	433	2,382	—	16	32	2,258	54	4	570	2,257	2
South Central ...	3,342	1,534	1,789	19	—	3	1,354	2	37	1,503	1,802	—
South ...	4,418	2,962	1,134	317	5	82	1,076	117	142	3,240	1,036	3
West ...	4,418	1,683	2,649	86	—	—	2,093	3	—	2,060	2,358	1
Grand Totals...	32,079	11,393	19,891	495	300	2,097	19,058	2,059	1,411	11,702	18,966	38

SANITARY INSPECTOR'S DEPARTMENT,
NELSON STREET,
GATESHEAD 8.

ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGES, SEX AND WARDS DURING THE YEAR 1950

	Total	Males	Females	0—1 Yrs.	1—2 Yrs.	2—5 Yrs.	5—15 Yrs.	15—25 Yrs.	25—45 Yrs.	45—65 Yrs.	65—75 Yrs.	Over 75 Yrs.	North	North East	North West	Central	East Central	South Central	West Central	East	South	West	Total Deaths in Public Institutions in the Borough	Transferable Deaths	
																								In.	Out.
Certified ...	1371	739	632	92	7	7	17	28	91	360	369	400	105	73	136	139	121	140	123	172	184	178	—	142	181
Uncertified ...	87	45	42	9	—	—	3	1	5	30	27	12	4	4	7	11	8	6	7	17	13	10	—	2	7
1 Tuberculosis, Respiratory	64	40	24	—	—	—	—	8	27	24	4	1	6	2	12	5	5	4	3	10	6	11	24	3	1
2 Tuberculosis, Other	11	4	7	—	2	2	2	2	—	1	—	—	2	2	2	—	2	1	—	1	1	—	7	3	4
3 Syphilitic Disease	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough	2	1	1	2	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	1	—	—	1	—	—
6 Meningococcal Infection	3	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	—
7 Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
8 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other Infective and Parasitic Diseases	3	1	2	1	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	1	—	2	—	1
10 Malignant Neoplasm, Stomach	47	30	17	—	—	—	—	—	3	15	19	10	3	1	7	4	5	3	4	6	7	7	12	5	5
11 " " Lung, Bronchus	40	30	10	—	—	—	—	—	3	19	12	6	5	—	2	2	9	5	5	4	3	5	13	4	4
12 " " Breast	16	—	16	—	—	—	—	—	1	9	4	2	—	1	—	—	—	1	3	1	5	3	5	—	2
13 " " Uterus	16	—	16	—	—	—	—	—	2	12	1	1	1	—	1	1	2	2	1	4	2	2	37	1	31
14 Other Malignant Lymphatic Neoplasms	105	58	47	—	—	1	3	2	8	29	27	35	6	3	8	12	8	9	11	12	21	15	51	16	16
15 Leukaemia, Aleukaemia	4	3	1	—	—	—	—	1	1	2	—	—	—	—	—	—	1	—	—	2	—	1	3	1	1
16 Diabetes	12	3	9	—	—	—	—	—	1	5	4	2	—	—	1	1	3	2	2	1	3	—	5	2	—
17 Vascular Lesions of Nervous System	140	58	82	—	—	—	—	—	1	35	57	47	7	12	15	9	13	11	15	19	18	21	53	8	16
18 Coronary Disease, Angina	143	97	46	—	—	—	—	—	4	59	52	28	8	6	11	16	14	22	11	22	18	15	36	11	13
19 Hypertension with Heart Disease	46	23	23	—	—	—	—	—	—	8	25	13	3	3	3	5	2	3	1	6	6	14	25	1	8
20 Other Heart Disease	231	91	140	—	—	—	—	4	9	39	68	111	12	9	21	29	15	37	21	24	42	21	40	12	10
21 Other Circulatory Disease	45	24	21	—	—	—	—	—	—	5	18	22	2	1	5	5	4	5	5	5	5	8	20	2	4
22 Influenza	29	12	17	1	—	—	—	—	3	8	5	12	3	3	2	1	2	4	4	4	4	2	6	1	1
23 Pneumonia	16	9	7	2	—	—	1	—	3	4	4	2	3	—	—	3	2	2	1	1	2	2	8	—	—
24 Broncho Pneumonia	41	25	16	11	1	2	1	—	1	6	7	12	3	2	9	5	4	2	1	5	6	4	21	4	3
25 Bronchitis	122	88	34	2	1	—	—	—	2	42	49	26	10	14	7	16	13	4	10	19	15	14	29	6	3
26 Other Diseases of Respiratory System	19	14	5	—	—	—	1	—	1	9	1	7	2	2	2	—	1	1	2	—	1	—	3	1	—
27 Ulcer of Stomach and Duodenum	5	5	—	—	—	—	—	—	—	2	1	2	—	1	1	1	—	2	—	2	1	2	9	7	1
28 Gastritis, Enteritis and Diarrhoea	27	15	12	17	1	—	—	—	3	3	3	3	3	3	3	3	6	2	4	2	1	3	2	2	—
29 Nephritis and Nephrosis	11	5	6	—	—	—	—	1	3	—	—	1	—	—	—	—	1	—	2	1	2	3	13	1	7
30 Hyperplasia of Prostrate	9	9	—	—	—	—	—	—	—	—	—	7	1	—	—	2	—	—	1	—	2	3	2	—	—
31 Pregnancy, Childbirth, Abortion	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	1	2
32 Congenital Malformations	14	8	6	10	—	—	—	1	—	3	—	—	—	1	1	1	1	—	3	—	5	2	5	4	2
33 Premature Birth	22	11	11	22	—	—	—	—	—	—	—	—	2	2	3	—	1	2	1	5	4	2	22	—	8
34 Other defined and ill defined diseases	152	75	77	31	1	—	5	7	11	26	22	49	18	7	17	21	7	13	16	18	13	22	90	30	24
35 Motor Vehicle Accidents	16	10	6	—	—	1	2	1	2	3	2	5	3	1	1	1	2	2	1	2	2	1	17	5	8
36 All other accidents	33	23	10	2	—	—	—	—	5	11	3	8	3	—	6	4	5	5	3	4	—	3	22	9	6
37 Suicide	11	8	3	—	—	—	—	—	4	5	2	—	1	—	1	1	—	3	—	2	—	3	3	2	1
38 Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1458	784	674	101	7	7	20	29	96	390	396	412	109	77	143	150	129	146	130	189	197	188	601	144	188

